Government of
Saskatchewan

Annual Report For the Year Ending March 31, 1984

Saskatchewan Health

3475 Albert Street
Regina, Saskatchewan
S4S 6X6

ISSN 0822-160X

Letters of Transmittal

Graham Taylor

Saskatchewan Health

To the Honourable F. W. Johnson
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

The 1983-84 fiscal year was one which saw a continuation of the initiatives in health care begun during our government's first year in office.

Throughout the year, emphasis was placed on meeting our dual objectives of efficient program administration and effective services to the public. These objectives were reflected in a number of organizational changes and program developments.

The Department became responsible for Continuing Care and Ambulance Services on April 1, 1983. In both cases, the transfer of these responsibilities to the Department has helped greatly in integrating services within the broad spectrum of our health care system.

The first chiropody (foot-care) clinics under the new provincial program opened early in 1984, and other initiatives were taken towards the goal of promoting greater independence for the elderly and the younger disabled.

Promotion of healthier lifestyles and increased public awareness of the need for individual responsibility continued to be priorities. In recognition of the adverse effects of smoking, programs were started to encourage non-smoking among our children and youth.

Other new and expanded services are outlined in the Highlights section and throughout the Annual Report.

In the years ahead, we will continue working with the people of Saskatchewan to develop health care services steadily and rationally. In this way, we can ensure we meet the health care needs of people in all age groups and all areas of the Province.

Respectfully submitted,

Graham Taylor

Graham Taylor
Minister of Health

Walter Podiluk
Deputy Minister of Health

Saskatchewan Health

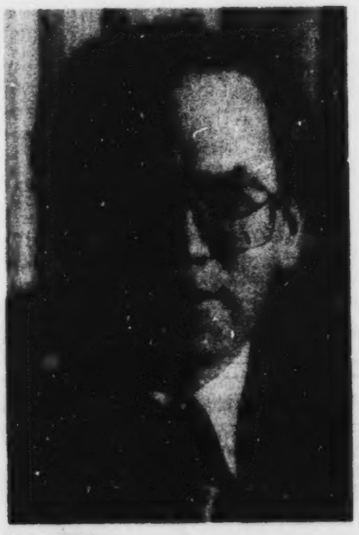
To the Honourable Graham Taylor
Minister of Health

Sir:

I have the honour to present herewith for your consideration the Annual Report of Saskatchewan Health for the fiscal year ending March 31, 1984.

Respectfully submitted,

Walter Podiluk
Deputy Minister



K. J. Fyke
Deputy Minister of Health
September 1979 — June 1984

Contents

Page
Highlights VIII
Health Services Expenditures XII
Organization XIII
Saskatchewan Health at September 1, 1984 XIV
1 Community Health Services Branch
  Overview 1
  Objectives 1
  Historical Development of Services 2
  Highlights, 1983-84 3
  Organization 3
  Activities and Services 6
    Community Based Services 6
      Public Health Nursing Services 6
      Public Health Inspection Services 7
      Nutrition Services 9
      Early Childhood Psychology Services 10
      Speech and Language Pathology Services 10
      Chiropody Program 11
      Saskatchewan Hearing Aid Plan 12
      Saskatchewan Aids to Independent Living Plan 12
    Central Support Services 13
      Health Promotion Division 13
      Communicable Disease Control Division 14
      Epidemiology 15
      Rheumatic Fever Prophylaxis Program 18
      Medical Services Division 18
    Consultative Services 20
  Staffing 23
  Finance 23
2 Northern Health Services Branch 25
3 Regina and Saskatoon Cities' Health Programs 35

Page
4 Psychiatric Services
  Overview 47
  Historical Development of Services 47
  Highlights, 1983-84 49
  Organization 51
  Personnel 52
  Services and Activities 53
    Clinical Services 53
    Day Hospital, Rehabilitation and Vocational Services 59
    Residential Services 59
    Research, Education and Health Promotion 60
  Finance 60
    Revenue — Collection From Estates 60
    Expenditures 61
  Regional Highlights 61
5 Continuing Care Branch 63
6 Saskatchewan Dental Plan 71
7 Saskatchewan Prescription Drug Plan 73
8 Ambulance Services Unit 77
9 Saskatchewan Hospital Services Plan 81
10 Saskatchewan Medical Care Insurance Plan 85
11 Saskatchewan Alcoholism Commission 87
12 Provincial Laboratories 97
13 Central Services 103
  Policy Research and Management Services 103
  Health Library 103
  Payment Negotiation Unit 104
  Public Communications Unit 104
  Administrative Services Unit 104
  Personnel and Training Branch 105
14 Training of Health Personnel 107
15 Saskatchewan Vital Statistics 111
Appendix: Summary of Legislation 115

List of Tables

Page

Health Services Expenditures

1. Saskatchewan Health Services Expenditures, 1982-83 and 1983-84, by Saskatchewan Health, Health Commissions, Cancer Foundation, and Heritage Fund XII

1. Community Health Services

2. Immunizations by Public Health Nurses, Saskatchewan Health Regions, 1982-83 and 1983-84 6
3. Selected Public Health Nursing Statistics, Saskatchewan Health Regions, 1982-83 and 1983-84 7
4. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions, 1982-83 and 1983-84 8
5. Nutrition Services, Saskatchewan Health Regions, 1982-83 and 1983-84 9
6. Community Health Services Branch, Speech-Language Pathology Caseload by Age Group Comparison, March 1982, 1983 and 1984 11
7. Community Health Services Branch, Speech-Language Pathology Caseload Status Comparison, March 1982, 1983 and 1984 11
8. Saskatchewan Hearing Aid Plan Services, 1982-83 and 1983-84 12
9. Saskatchewan Aids to Independent Living Plan Services, 1982-83 and 1983-84 13
10. Reported Cases and Deaths from Selected Notifiable Communicable Diseases with Actual Rates per 100,000 Population, Saskatchewan, 1979 to 1983 16
11. Reported Cases of Syphilis and Gonorrhoea, Saskatchewan, 1978 to 1983 17
12. Total Program Expenditures By Category of Service, Medical Services Division, 1980-81 to 1983-84 19
13. Therapeutic Abortions, Saskatchewan, 1982 and 1983 20
14. Compliance to Milk Quality Standards, Saskatchewan, 1979 to 1983-84 22
15. Approved Person Year Distribution, Community Health Services Branch, 1982-83 and 1983-84 23
16. Revenue, Community Health Services Branch, 1982-83 and 1983-84 24
17. Expenditure, Community Health Services Branch, 1982-83 and 1983-84 24

2. Northern Health Services Branch

18. Immunizations, Northern Health Services Branch, 1983-84 28
19. Inspections, Northern Health Services Branch, 1983-84 30
20. Number of Permits Issued to Operate, Northern Health Services Branch, 1983-84 31
21. Northern Health Services Survey, Comparison of Dental Status, January, 1984 32

3. Regina and Saskatoon Cities' Health Programs

22. Public Health Inspection Services, Regina City Health Department, 1982 and 1983 39

4. Psychiatric Services

23. Summary of Established Positions, Psychiatric Services Branch, March 31, 1984 52
24. Number of Community Clients Served by Region, Psychiatric Services Branch, 1979 to 1983 55
25. Volume of Service Contacts to Community Clients and Families by Region, Psychiatric Services Branch, 1979 to 1983 56
26. Movement of Inpatients in Psychiatric Facilities, Psychiatric Services Branch, 1983 56
27. Children Receiving Psychiatric Community Services by Region, Psychiatric Services Branch, 1979 to 1983 57
28. Persons 65 Years of Age and Older Receiving Community Services by Region, Psychiatric Services Branch, 1981 to 1983 57
29. Collections from Estates, Psychiatric Services Branch, 1979-80 to 1983-84 61

Page

5. Continuing Care Branch

30. Special-care Homes Resident Charge and Minimum Resident Disposable Income in Special-care Homes, Saskatchewan — 65
31. Construction Grants for Special-care Homes, 1983-84 — 66

8. Ambulance Services Unit

32. Provincial Grants to Ambulance District Boards, 1982-83 and 1983-84 — 77
33. Road Ambulance Services, Saskatchewan, 1982-83 and 1983-84 — 77
34. Number of Patients Carried and Number of Flights, Saskatchewan Air Ambulance Services, 1982-83 and 1983-84 — 78
35. Location of Flights, Saskatchewan Air Ambulance Services, 1982-83 and 1983-84 — 78
36. Distances Flown, Saskatchewan Air Ambulance Services (Including Chartered Aircraft), 1982-83 and 1983-84 — 78
37. Provincial Expenditures and Revenues, Saskatchewan Air Ambulance Services, 1982-83 and 1983-84 — 78
38. Emergency Health Supplies, Saskatchewan, 1983-84 — 79

11. Saskatchewan Alcoholism Commission

39. Prevention and Training Division Statistics, 1982-83 and 1983-84 — 90
40. Community Services Statistics, 1982-83 and 1983-84 — 94
41. Rehabilitation Caseload, Saskatchewan Alcoholism Commission and Funded Agencies, 1983-84 — 96

12. Provincial Laboratories

42. Volume and Variety of Services Provided, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84 — 98
43. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84 — 99
44. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84 — 101
45. Radioimmunoassays, Enzymes-Metabolites, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84 — 102

14. Training of Health Personnel

46. Bursary Students, Saskatchewan, 1982-83 and 1983-84 — 107

15. Saskatchewan Vital Statistics

47. Vital Statistics, Saskatchewan, 1979 to 1983 — 111
48. Population and Per Cent Distribution, by Age Group and Sex, Saskatchewan, 1961, 1971 and 1981 — 112
49. Ten Leading Causes of Death with Percentages and Rates per 100,000 Population, Saskatchewan, 1982 and 1983 — 113

List of Figures

Page

Organization:

1. Organization of Saskatchewan Health, February 15, 1984 — XIII

1. Community Health Services

2. Organization of Community Health Services Branch, March 31, 1984 — 4
3. Organization of a Health Region, March 31, 1984 — 4
4. Health Regions, March, 1984 — 5
5. Crude Incidence Rates for Total Venereal Disease (Per 100,000 Population), Saskatchewan, 1974 to 1983 — 17

2. Northern Health Services Branch

6. Northern Health Services Branch Health Regions, March, 1984 — 26
7. Organization of Northern Health Services Branch, March 31, 1984 — 27

4. Psychiatric Services

8. Mental Health Services, March 31, 1984 — 50
9. Organization of the Psychiatric Services Branch, March, 1984 — 51
10. Changes in Psychiatric Service Patterns in Saskatchewan Between 1967 and 1983 — 54

5. Continuing Care Branch

11. Organizaton of Continuing Care Branch, March, 1984 — 64
12. Saskatchewan Home Care Program District Boundary Map, January 1, 1984 — 68

7. Saskatchewan Prescription Drug Plan

13. Organization of the Prescription Drug Plan, March 31, 1984 — 73

9. Saskatchewan Hospital Services Plan

14. Organization of Saskatchewan Hospital Services Plan, March 31, 1984 — 83

10. Saskatchewan Medical Care Insurance Plan

15. Organization of the Saskatchewan Medical Care Insurance Commission, March, 1984 — 86

11. Saskatchewan Alcoholism Commission

16. Organization of Saskatchewan Alcoholism Commission, March 31, 1984 — 89
17. Regional Alcoholism Facilities in Southern Saskatchewan, March, 1984 — 92
18. Regional Alcoholism Facilities in Northern Saskatchewan, March, 1984 — 93

Highlights

Community Services

- A provincial Chiropody Program commenced in 1983-84 with clinics established in Prince Albert, Weyburn and Moose Jaw. Similar clinics will be established in all other health regions and the cities of Regina and Saskatoon during 1984-85.

- Children born in 1978 became eligible for enrollment in the Saskatchewan Dental Plan on September 1, 1983, with benefits available to children born in the years 1967 to 1978 inclusive. As of March 31, 1984:

  160,877 children were enrolled in the program and were under treatment;

  Approximately 29,500 adolescents were assigned to receive dental care from general practitioners;

- The average cost per child for dental services provided during the 1982-83 school year was $91.68.

- Crisis management and intervention services provided by Psychiatric Services for difficult to serve persons in Regina were expanded to include a training program for service providers, 24-hour crisis and hostel services, case follow-up, a supervised apartment living program, and a six-bed residential rehabilitation facility.

- Continuing Care Branch is working towards the greater coordination of special-care home, home care, hospital and nursing services. A consultation process, which began in 1981, culminated in a series of ten public meetings in early 1983. The ultimate goal is to create district coordination committees throughout the Province.

- A review of Home Care funding was undertaken with a view to funding districts on a basis which better reflects local needs. At present, funding is on a per capita basis plus additional funding for people 65 years of age and over.

- A new service-based funding formula was developed for road ambulance operators. The formula will be implemented in April 1984.

Health Promotion, Education and Research

- The Health Promotion Division coordinated a program of non-smoking initiatives for high school students including recognition and incentives for their promotion of non-smoking.

- A grant was provided to the Swift Current "Time To Quit" Committee to assist them with providing their smoking cessation program to the residents of Swift Current and the surrounding area.

- The results of a survey of Saskatchewan hospitals regarding current hospital policy on breastfeeding, breastfeeding education programs for staff and patients, and hospital policy regarding distribution of infant formula gift packages were compiled and distributed to Saskatchewan hospitals.

- Tearsheets on various aspects of preschool nutrition including normal nutrition needs, usual eating behaviours, supplements, snacking, resources and influences on food habits were developed.

- The nutritionists in the Health Promotion Division coordinated the development of two publications: "Keys to the Perfect Packed Lunch" and "Weight Control Leaders' Guide".

- The Alcoholism Commission provided a grant to Globe Theatre in Regina for the development of a lifestyle oriented play suitable for the Globe Theatre provincial school tour. This play, "The Good Life", was performed to Divisions III and IV students throughout the Province. A guidebook for educators was prepared by Commission staff to accompany the play.

- A Solvent Abuse Conference was sponsored by the Alcoholism Commission as a result of a recommendation of the Chief Coroner for the Province of Saskatchewan following investigation into two deaths of young people in 1983 due to abuse of solvents.

- In 1983-84, the Saskatchewan Health Research Board, which is funded by the Department of Health, awarded 29 grants totalling $907,517 to Saskatchewan researchers to carry out innovative bio-medical and socio-health research projects.

Specialized Hospital and Special-care Home Related Services

- SHSP provided funding enrichments for its: Patient Education program; Respite Care; Adult Day Care; Well-Elderly Clinics; Community Alarm and Support Systems; as well as Cardiac Services in Regina.

- An energy efficient laundry was opened in Regina in September 1983.

- St. Paul's and City Hospitals, Saskatoon, received special supplemental funding to allow for waiting list reduction measures to be introduced.

- A total of $1.7 million (annualized) was approved for staff and program enrichment in special-care homes throughout the Province. These enrichments will help special-care homes respond to the needs of heavier care residents.

Special-care Home and Hospital Construction and Regeneration

- A 4-bed Paediatric Intensive Care Unit at University Hospital, Saskatoon was opened.

- Package 2, a $20 million extension to the Pasqua Hospital, Regina, was completed.

- A new 8-bed hospital at Cut Knife, costing $1,145,000, was completed.

- During 1983-84, six special-care home construction projects were completed in Prince Albert, Wilkie, Birch Hills, Weyburn, Biggar and Wakaw. In total, 282 beds were added or replaced.

- During 1983-84, two special-care home construction projects got underway in Saskatoon and Middle Lake. In total, 90 beds will be added or replaced.

- During 1983-84, eight special-care home projects were approved for construction in Central Butte, Whitewood, Spiritwood, Eston, Outlook, Meadow Lake, Herbert and Kinistino. In total, 192 beds will be added or replaced.

Physician Services

- Benefits paid for insured services totalled $162.5 million, 9.6 per cent more than the $148.3 million paid in 1982-83.

- The average payment per beneficiary in 1983-84 based on the rate per 1,000 beneficiaries was $160.00, up from $148.55 in 1982-83. The cost for an average size family amounted to approximately $530.00 for the year.

- In 1983-84, 85.4 per cent of insured persons actually received physician services, compared to 85 per cent in the previous year.

- The number of claims processed in 1983-84 increased by 274,000 over the previous year, to a total of more than seven million.

- Administration of the Medical Care Insurance Plan, including staff, office space, furniture, computer time and claims processing, cost 4.1 per cent of total program cost.

- Benefit payments for services by physicians resulted in an average of $134,600 being paid for each active physician. The costs of office practice had to be paid from that amount.

Administrative Developments

- Continuing Care Branch, which has responsibility for home care and special-care homes, became part of Saskatchewan Health on April 1, 1983. Continuing Care was formerly within the Department of Social Services.

- Responsibility for all ambulance services was consolidated in Saskatchewan Health effective April 1, 1983.

- A committee consisting of regional board representatives and departmental personnel was established to study and make recommendations on the future role of Community Health Regional Boards.

- Mr. W. F. Roger was appointed Executive Director of SHSP.

- Mr. E. H. Wright was appointed Associate Executive Director of SHSP.

- The 17th and 18th editions of the Saskatchewan Formulary were distributed to doctors, pharmacists, nursing homes and hospitals. During 1983-84, 98 new products were added to the Formulary. The Formulary lists all drugs covered by the Prescription Drug Plan and includes more than 1,570 products.

Training of Health Personnel

- The Personnel and Training Branch administers a number of health bursaries and grants:

  In 1983-84 school year, 26 new bursaries were awarded for training in health professions. A further 60 bursary students continued their studies during the year.

  During 1983-84, 9 dentists received financial assistance to pursue specialized areas of study.

  Since 1979, 9 grants have been awarded to Canadian-trained general practitioners establishing a first-time practice in selected under-served locations. During the 1983-84 fiscal year, 1 grant was awarded.

Saskatchewan Vital Statistics

- Population and vital statistics data reveal the following:

  In 1983, the population of Saskatchewan reached an all time high of 992,700.

  The percentage of the total population under 20 years of age decreased from 39.4 per cent in 1973 to 33.3 per cent in 1983.

  The percentage of the total population aged 65 years and over increased from 9.3 per cent in 1963 to 10.9 per cent in 1973 to 12.3 per cent in 1983.

  The birth rate in Saskatchewan in 1983 was 17.9 per 1,000 population, a decrease over the 1982 rate of 18.1.

  The 1983 death rate of 7.7 per 1,000 population equalled the five year low of 7.7 per 1,000 population experienced in 1979.

  The marriage rate in 1983 of 7.6 per 1,000 population remained the same as in 1982.

Health Services Expenditures

Table 1. Saskatchewan Health Services Expenditures, 1982-83 and 1983-84, by Saskatchewan Health, Health Commissions, Cancer Foundation, and Heritage Fund

Program		Total Expenditure		Percentage distribution
		1982-83	1983-84	1983-84
Total		**$732,927,928**	**$964,808,191**	**100.00**
A. Ordinary Expenditures		**$728,704,173**	**$960,565,233**	**99.6**
Saskatchewan Hospital Services Plan	(1)	408,205,242	439,152,931	45.5
Saskatchewan Medical Care Insurance Commission		148,795,000	164,146,000	17.0
Grants to Special-care Facilities	(2)	—	138,131,693	14.3
Grants and Allowances for Home Care	(2)	—	16,971,640	1.8
Saskatchewan Prescription Drug Plan		40,596,273	48,937,290	5.1
Psychiatric Services Branch		27,437,066	29,124,906	3.0
Hospital and Special-care Homes Construction Grants	(3)	13,898,500	16,783,267	1.7
Saskatchewan Dental Plan		14,503,266	18,235,427	1.9
Community Health Services	(4)	14,129,578	16,713,864	1.7
Saskatchewan Cancer Foundation		11,409,100	14,128,804	1.5
Grants to Health Agencies	(5)	12,011,742	12,990,779	1.3
Alcoholism Commission		6,363,593	7,109,722	0.7
Provincial Laboratories		3,464,625	3,965,640	0.4
Health Services Program	(6)	3,439,970	—	—
Saskatchewan Aids to Independent Living		3,470,402	3,480,242	0.4
Saskatchewan Hearing Aid Plan		1,699,585	1,748,133	0.2
Northern Health Services		1,688,709	3,743,868	0.4
Grants to Ambulance District Boards	(7)	—	2,634,600	0.3
Lakeside Home — Wolseley	(2)	—	1,552,398	0.2
Administrative and Support Services		17,591,521	21,014,029	2.2
		$728,704,173	**$960,565,233**	**99.6**
B. Capital — Heritage Fund		**$ 4,223,755**	**$ 4,242,958**	**0.4**

(1) Includes: Payments under the Hospital Revenue Act.

(2) Programs transfer from Social Services April 1, 1983.

(3) Includes: Grants to Hospitals and Health Centres, Regina Hospitals Regeneration Program. In 1983-84, Construction Grants to Special-care Facilities and Grant for the Saskatoon Cancer Clinic Construction Program are also included.

(4) Includes: Community Health Services, Communicable Disease Control, Health Promotion, and the Air Ambulance Program.

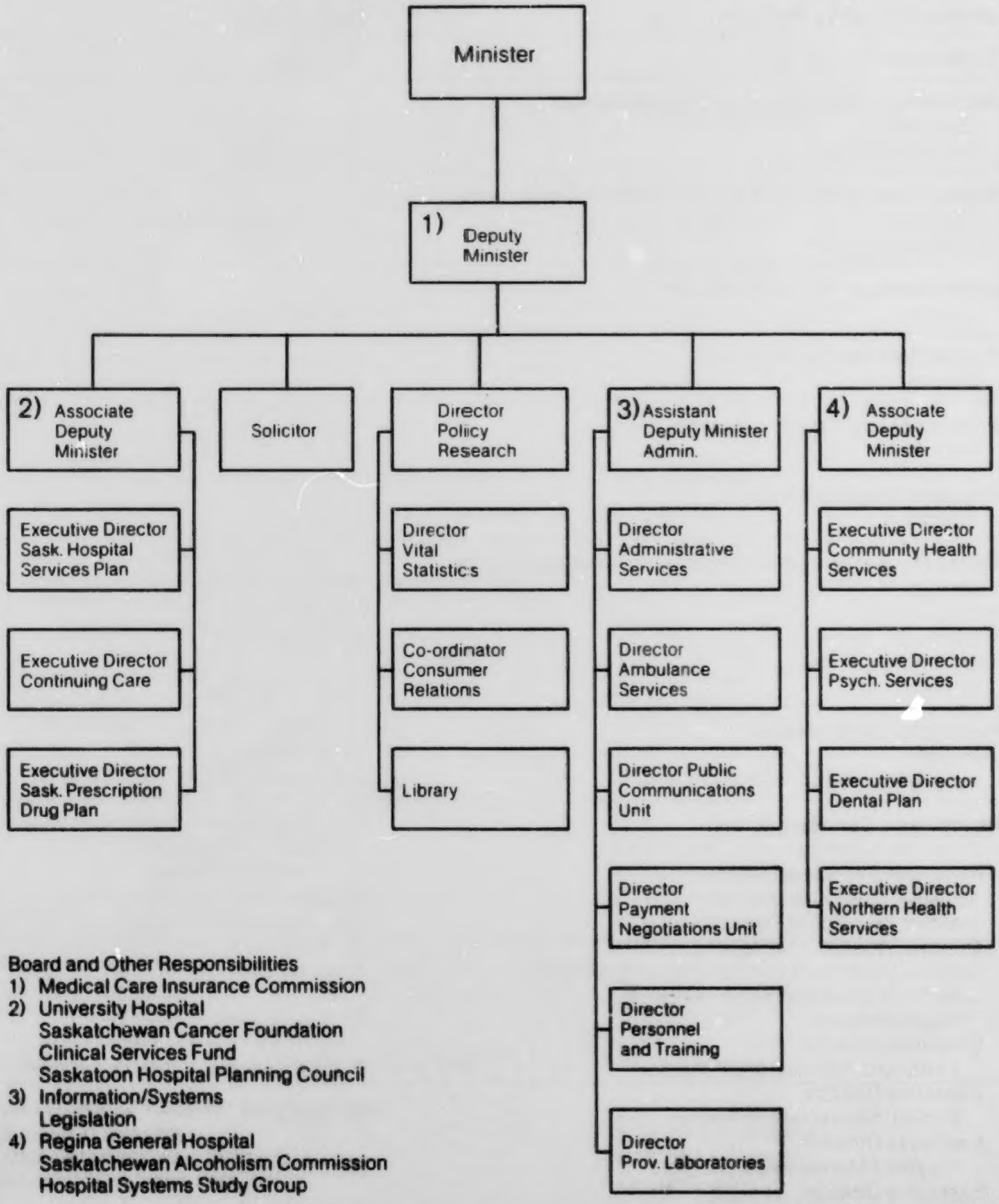
(5) Includes: Grants to City Health Departments and Other Health Agencies, Grants in Assistance of Clinical Services provided by the Medical Education System, Grant to the Saskatchewan Health Research Fund, and Grants for Psychiatric Health Services.

(6) The Health Services Program was integrated into the Saskatchewan Dental Plan and Community Health Services sub-votes in 1983-84.

(7) Grants to Ambulance District Boards were consolidated into the Health Department in 1983-84. They were previously included in Urban Affairs, Rural Affairs, and the Department of Northern Saskatchewan.

Organization

Figure 1. Organization of Saskatchewan Health, February 15, 1984


Minister
1) Deputy Minister
2) Associate Deputy Minister
Solicitor
Director Policy Research
3) Assistant Deputy Minister Admin.
4) Associate Deputy Minister
Executive Director Sask. Hospital Services Plan
Executive Director Continuing Care
Executive Director Sask. Prescription Drug Plan
Director Vital Statistics
Co-ordinator Consumer Relations
Library
Director Administrative Services
Director Ambulance Services
Director Public Communications Unit
Director Payment Negotiations Unit
Director Personnel and Training
Director Prov. Laboratories
Executive Director Community Health Services
Executive Director Psych. Services
Executive Director Dental Plan
Executive Director Northern Health Services

Board and Other Responsibilities
1) Medical Care Insurance Commission
2) University Hospital
   Saskatchewan Cancer Foundation
   Clinical Services Fund
   Saskatoon Hospital Planning Council
3) Information/Systems
   Legislation
4) Regina General Hospital
   Saskatchewan Alcoholism Commission
   Hospital Systems Study Group

Saskatchewan Health at September 1, 1984

Minister of Health	The Honourable Graham Taylor
Deputy Minister	W. Podiluk
Associate Deputy Minister	W. F. Roger
Associate Deputy Minister	G. H. Loewen
Assistant Deputy Minister	R. W. Bailey
Department Solicitor	G. Tegart
Alcoholism Commission of Saskatchewan	
Chairman	Dr. S. Cohen
Executive Director	H. Greenstein
Saskatchewan Medical Care Insurance Commission	
Chairman	Dr. P. H. Good
Executive Director	G. C. Patchett
Administrative Services Branch	
Director	L. J. Krahn
Public Communications Unit	
Director	R. Jorgensen
Personnel and Training Branch	
Director	K. S. MacDonald
Payment Negotiation Unit	
Director	B. Topp
Policy Research and Management Services Branch	
Director	Dr. D. J. Philippon
Health Library	
Library Supervisor	M. Smigarowski
Vital Statistics Division	
Director	W. Berg (Acting)
Provincial Laboratories	
Director	Dr. H. E. Robertson
Associate Director (Administration)	I. F. Rogers
Psychiatric Services Branch	
Executive Director	J. Yarske
Associate Executive Director	Dr. J. W. Elias
Assistant Executive Director	B. Titus
Director Psychiatric Research	Dr. A. A. Boulton
Director Professional Training	Dr. R. Denson
Medical Consultant and Services to the Elderly	Dr. C. M. Smith
Director of Child and Youth Services, Regina Region	Dr. T. A. Russell
Executive Director, Battlefords Mental Health Region	F. L. Simpson
Executive Director, Yorkton Mental Health Region	D. Hunter
Executive Director, Weyburn Mental Health Region	N. H. Stevens
Executive Director, Regina Mental Health Region	R. F. Firnesz

Executive Director, Moose Jaw Mental Health Region	F. Regel
Regional Director, Swift Current Mental Health Region	Dr. M. Hunt
Regional Director, Prince Albert Mental Health Region	Dr. M. Z. Hussain
Regional Director, Saskatoon Mental Health Region	Dr. C. F. Lipscomb
Regional Director, Regina Mental Health Region	Dr. S. Cebrian-Perez
Regional Director, Battleford Mental Health Region	Dr. K. M. Carlson
Regional Director, Weyburn Mental Health Region	Dr. S. Banerjee
Medical Director, Yorkton Mental Health Region	Dr. R. B. Samuels
Regional Director, Moose Jaw Mental Health Region	Dr. G. Pantazopoulos

Community Health Services Branch

Executive Director	S. Malach
Assistant Director (Administration)	J. Dvernichuk
Medical Consultant SHSP and CHSB	Dr. H. C. Grocott
Provincial Epidemiologist	Dr. R. West
Director Saskatchewan Aids to Independent Living	R. B. Wallace
Director Saskatchewan Hearing Aid Plan	J. DeGraaf
Director Public Health Nursing	M. Dirk
Director Public Health Inspection	A. Hazlewood
Health Region Directors and Medical Health Officers:	
—Swift Current (No. 1) and Moose Jaw-Assiniboia-Gravelbourg (No. 2)	Dr. J. Burkholder
—Weyburn-Estevan (No. 3) and Regina Rural (No. 5)	Dr. C. Cunning
—North Battleford (No. 13)	Dr. P. Schnee
—Saskatoon Rural (No. 8)	Dr. H. L. Kinman
—Rosetown-Biggar-Kindersley (No. 7)	Dr. H. L. Kinman (Acting)
—Yorkton-Melville (No. 10)	Dr. D. Watier
—Melfort-Tisdale (No. 11)	Dr. D. Watier (Acting)
—Prince Albert (No. 12)	Dr. H. L. Kinman
Health Region Administrators	
—Swift Current (No. 1)	Lee K. Spencer
—Weyburn-Estevan (No. 3)	M. Hoffart
—Rosetown-Biggar-Kindersley (No. 7)	B. Williams
—Prince Albert (No. 12)	M. J. Thorn

Saskatchewan Dental Plan

Executive Director	Dr. M. Lewis
Associate Director	C. P. Millions
Assistant Director — Direct Service	
Assistant Director — Dental Claims and Contracts	W. W. Moncur

Saskatchewan Hospital Services Plan

Executive Director	E. H. Wright (Acting)
Associate Executive Director	R. A. Shaw (Acting)
Assistant Executive Director	D. Cameron

Saskatchewan Prescription Drug Plan	
Executive Director	R. Waschuk
Ambulance Services Unit	
Director	Dr. G. A. Heimann
Continuing Care Branch	
Executive Director	S. Petz
Director Development Division	L. Hill
Director Home Care Division	L. Borden
Director Special-care Home Division	
Lakeside Home Wolseley	
Administrator	S. D. Hextall
Northern Health Services Branch	
Executive Director	K. L. M. Smallwood

1. Community Health Services

Overview

The role of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. To fulfill this role, the Branch provides and administers a large number of health programs to Saskatchewan residents through a network of health regions, depots and clinics throughout the Province. Services available to the health region population include communicable disease control, health education, maternal and child health, nutrition, sanitation, chiropody, rehabilitation and follow-up.

The Branch provides financial assistance in the form of grants to various health care organizations whose services complement those of the Branch, including the health departments in Regina and Saskatoon.

Objectives

The prime objective of the Branch is to raise and/or maintain the health status of Saskatchewan residents through protection and promotion activities. To meet this challenge the Branch works towards a number of primary goals which, broadly stated, are as follows:

1. To increase public awareness and understanding of the factors influencing health and to foster the adoption of lifestyles which promote optimum well-being. Activities include group education, individual counselling, distribution of educational materials, media programs and encouragement to groups and individuals to participate in healthful activities.

2. To maintain a healthy environment by identifying actual or potential environmental health hazards and applying effective control methods. Activities include water, food and community sanitation control and inspection of public facilities and accommodations.

3. To prevent, reduce or modify the course of various communicable and non-communicable diseases. Activities include active and passive immunization, epidemiological investigation, surveillance and counselling.

4. To identify individuals who have, or are at risk of developing, specific health or developmental problems in order to initiate early intervention and remediation. Activities include health appraisal, screening and diagnostic testing, therapy, appropriate referral, periodic re-evaluation, case conferences, teaching and counselling.

5. To assist in the maintenance of, and restoration to, a maximum level of independent functioning for the physically handicapped and the chronically disabled. Activities include assessment, providing equipment and appliances, follow-up, periodic re-evaluation and counselling.

Historical Development of Services

1905 — Sanitary officers were employed by the Department of Agriculture.

1917 — The first permanent public health nurse was employed by the Bureau of Public Health, Department of Agriculture.

1923 — The Department of Public Health was established and sanitary officers and public health nurses were transferred from the Department of Agriculture.

— A Communicable Disease Control Division was established.

1928 — The School Hygiene Program was transferred from the Department of Education.

— The Public Health Nursing Division was established.

1941 — The first outpost hospital was established at Cumberland House.

1944 — The Nutrition and Child Health Divisions were established.

1945 — The first health regions were created in the Swift Current and Weyburn-Estevan areas.

1948 — A Regional Health Services Branch, including nursing and education, was established to coordinate administration of health region services.

1950 — Three additional outpost hospitals were in operation at Buffalo Narrows, Stony Rapids and Sandy Bay.

1954 — The Regional Health Services Branch was expanded to include the divisions of Nutrition, Child Health, Dental Health, Communicable Disease Control, Venereal Disease Control and Northern Health Services.

1961 — By this date the entire Province was organized into health regions.

1963 — Responsibility for road ambulance inspection services became part of Regional Health Services Branch.

1973 — The Saskatchewan Hearing Aid Plan (SHAP) was established.

1974 — The Dental Health Division became a separate branch known as the Saskatchewan Dental Plan.

1975 — The Saskatchewan Aids to Independent Living Plan (SAIL) was established.

1978 — The Regional Health Services Branch became known as the Community Health Services Branch.

1979 — A Health Protection Division was established.

— The Health Promotion Branch became a Division of Community Health Services Branch.

— SAIL sub-depots were established at La Ronge and Uranium City.

1981 — Administrative responsibility for the Air Ambulance program was transferred from the Department's Administrative Services Branch to Community Health Services.

1982 — Medical Services Branch became a division of Community Health Services Branch.

1983 — Ambulance Services became a separate branch within the Department.

1984 — The Chiropody Program was established.

Highlights, 1983-84

- Implementation of a provincial Chiropody Program was commenced in 1983-84 with clinics in Prince Albert, Weyburn and Moose Jaw placed in operation. Similar clinics will be established in all other health regions and the cities of Regina and Saskatoon during 1984-85.

- The Health Promotion Division coordinated a program of non-smoking initiatives for high school students including recognition and incentives for their promotion of non-smoking.

- A committee consisting of regional board representatives and departmental personnel was established to study and make recommendations on the future role of Regional Boards.

Organization

For purposes of administration and delivery of community-based health programs, the Province is divided geographically into ten health regions which cover all areas except the cities of Regina and Saskatoon and the area administered by the Northern Health Services Branch.

Each health region is comprised of a number of health districts which are organized into District Health Councils consisting of an elected representative from each city, town, village and rural municipality. In turn, one or more delegates from the District Health Councils are elected to the Regional Board of Health. The Board has a number of statutory duties which include reviewing the health region budget, reviewing annual activity reports of the medical health officer, informing local authorities of policies and services of the region and serving as an advisory body to the medical health officer and Minister of Health.

On the advice of the medical health officer and Regional Board of Health, community health programs are developed in accordance with departmental policies modified to meet the needs of the population served. Administration of health programs in each region is the responsibility of the medical health officer and/or health region administrator, who generally supervise the activities of public health nurses, public health inspectors, early childhood psychologists, speech and language pathologists, chiropodists and nutritionists.

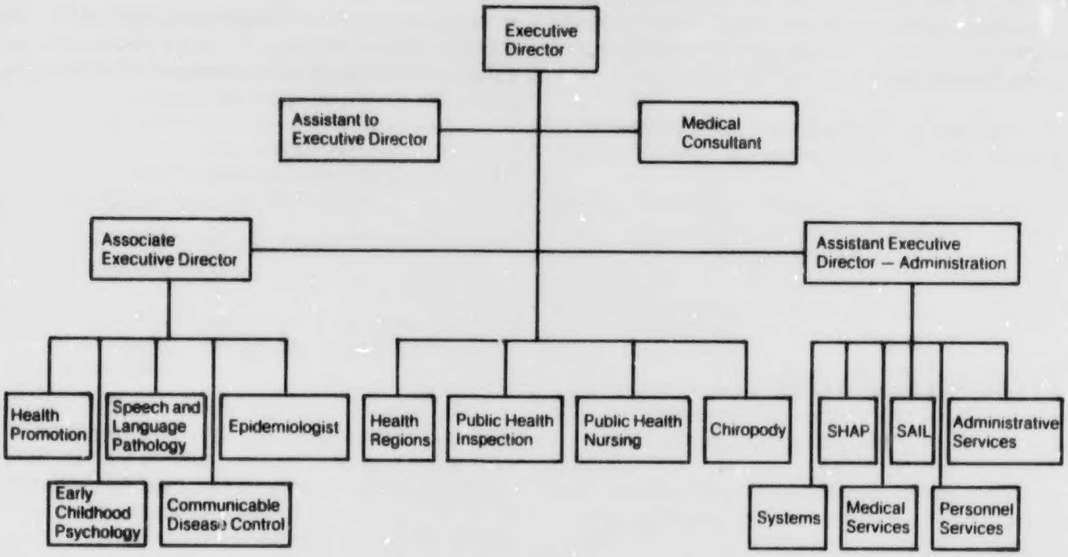
Because of the large geographical areas to be covered, a number of district offices staffed by public health nurses and public health inspectors have been established throughout each region to make services available at the local level.

Saskatchewan Hearing Aid Plan (SHAP) services are provided by audiologists and audiological technicians to all Saskatchewan residents through two main clinics in Regina and Saskatoon. The main clinics are supplemented by regularly scheduled community-based clinics in each health region and in northern Saskatchewan.

Similarly, services of the Saskatchewan Aids to Independent Living (SAIL) Plan are provided through two primary depots in Regina and Saskatoon with sub-depots established in the health regions of La Ronge and Uranium City.

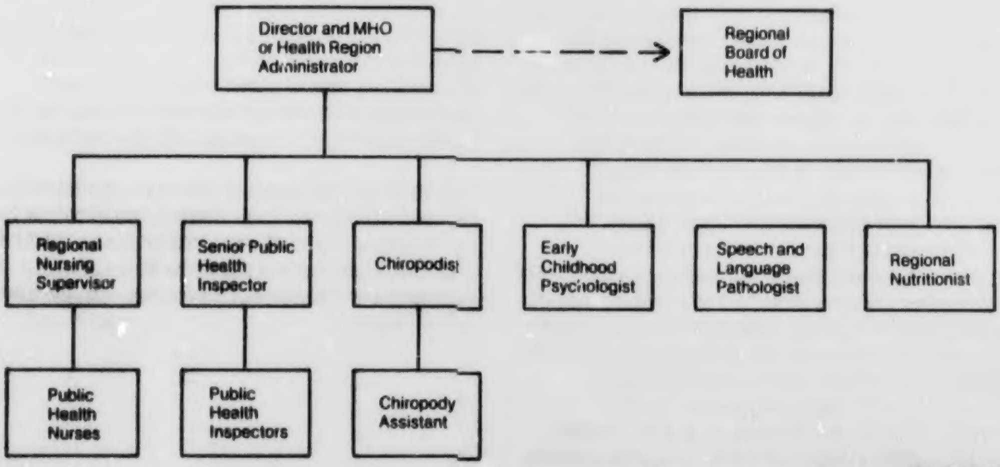
The central coordinating office for the Branch is located in Regina. This office is responsible for the overall operation, administration and coordination of community-based services and activities. It also provides central consultative and support services to the regions.

Figure 2. Organization of Community Health Services Branch


Executive Director
Assistant to Executive Director
Medical Consultant
Associate Executive Director
Assistant Executive Director — Administration
Health Promotion
Speech and Language Pathology
Epidemiologist
Early Childhood Psychology
Communicable Disease Control
Health Regions
Public Health Inspection
Public Health Nursing
Chiropody
SHAP
SAIL
Administrative Services
Systems
Medical Services
Personnel Services

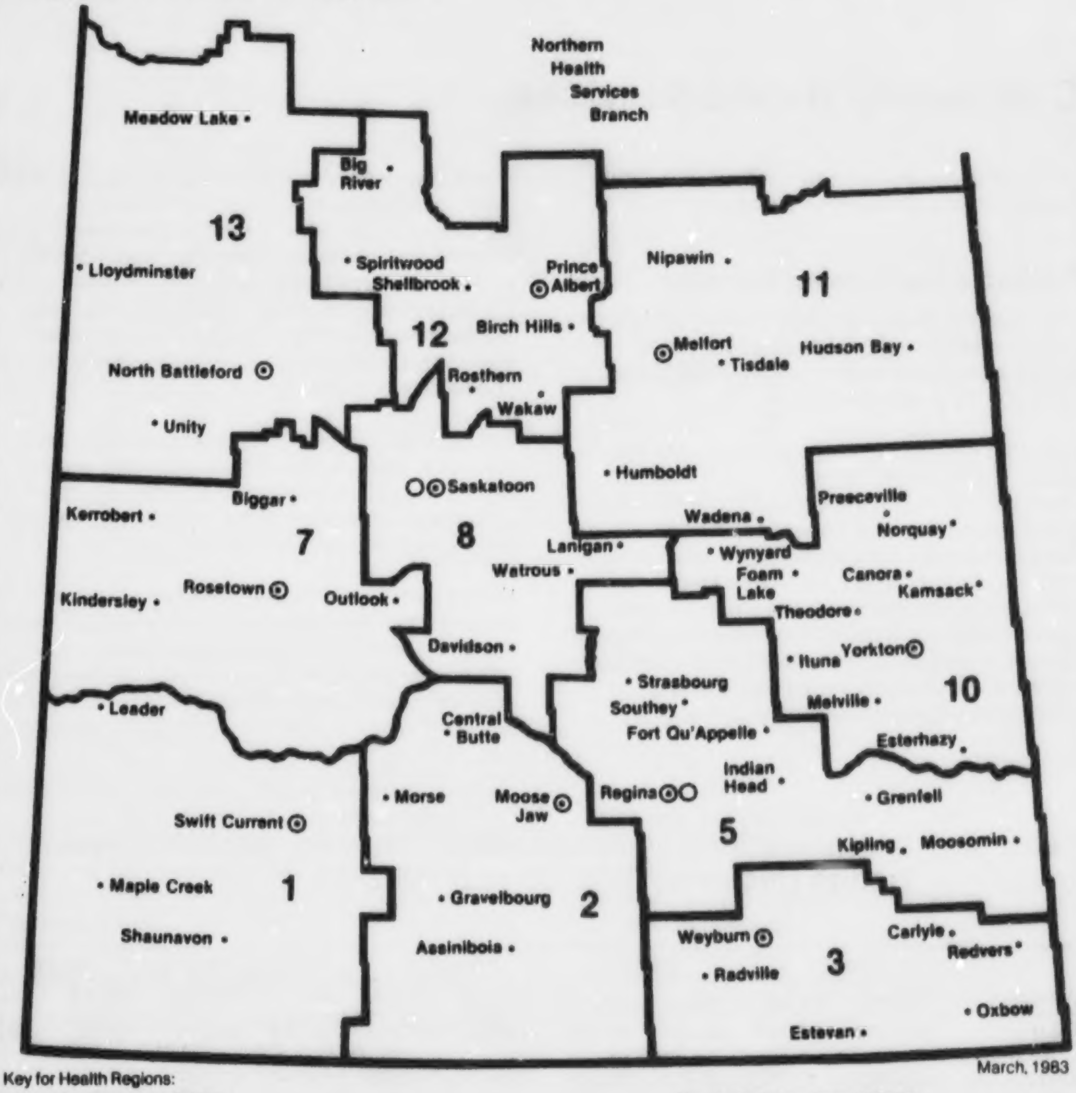
March 31, 1984

Figure 3. Organization of a Health Region


Director and MHO or Health Region Administrator
Regional Board of Health
Regional Nursing Supervisor
Senior Public Health Inspector
Chiropodist
Early Childhood Psychologist
Speech and Language Pathologist
Regional Nutritionist
Public Health Nurses
Public Health Inspectors
Chiropody Assistant

March 31, 1984

Figure 4. Health Regions



Northern Health Services Branch
Meadow Lake
Big River
13
Lloydminster
Spiritwood
Shellbrook
Prince Albert
12
Birch Hills
North Battleford
Rosthern
Wakaw
Unity
Nipawin
11
Melfort
Tisdale
Hudson Bay
Humboldt
Wadena
Preeceville
Norquay
Biggar
Kerrobert
7
8
Saskatoon
Lanigan
Watrous
Wynyard
Foam Lake
Canora
Kamsack
Theodore
Kindersley
Rosetown
Outlook
Davidson
Ituna
Yorkton
Strasbourg
Southey
Melville
10
Leader
Fort Qu'Appelle
Central Butte
Esterhazy
Indian Head
Morse
Moose Jaw
Regina
Grenfell
Swift Current
5
Kipling
Moosomin
Maple Creek
1
Gravelbourg
2
Shaunavon
Assiniboia
Weyburn
Carlyle
Redvers
Radville
3
Oxbow
Estevan

March, 1983

Key for Health Regions:

No. 1 Swift Current (49,007)
No. 2 Moose Jaw-Assiniboia-Gravelbourg (69,557)
No. 3 Weyburn-Estevan (51,073)
No. 5 Regina Rural (74,874)
No. 7 Rosetown-Biggar-Kindersley (41,522)
No. 8 Saskatoon Rural (48,775)
No. 10 Yorkton-Melville (83,154)
No. 11 Melfort-Tisdale (74,701)
No. 12 Prince Albert (79,064)
No. 13 North Battleford (81,035)
Regina City (169,120)
Saskatoon City (164,304)

Note: Population served is given in parentheses — SHSP Covered Population at June 30, 1983 excluding Registered Indians and Northern Saskatchewan.

⊙ Regional Office
• District Office
○ City Health Office

Activities and Services

Community Based Services

Community based services are provided at the local level through health regions.

Public Health Nursing Services

The objective of public health nursing services is to provide a family-centred community-based program designed to promote healthful living throughout the client's life span.

Direct service delivery is provided by 144 Public Health Nurse I's and 18 Public Health Nurse II's located in 49 offices throughout 10 health regions. One Regional Nursing Supervisor in each Health Region manages the programs provided by her staff. The Director and three Public Health Nurse Consultants, located in central office (Regina), work closely with Regional Nursing Supervisors in taking prime responsibility for provincial program planning and evaluations, as well as other administrative and consultative duties.

Priority services continue to be prenatal and child health services with emphasis placed on immunization, screening, teaching and counselling in home and classroom settings. Other services include postnatal home visits, Child Health Conferences and School Health Services. These services are provided through health appraisals, screening programs, teaching, counselling, referral and liaison services.

The Scoliosis Program has been evaluated and recommendations have been submitted in this regard. A vision screening committee, as part of the evaluation component of the overall program, has been struck to propose changes to this service.

The Moose Jaw School Health Project has drawn to a close and a final evaluation will be completed on the total project. This project has already influenced decisions about school health services in other areas of the Province.

Table 2. Immunizations by Public Health Nurses, Saskatchewan Health Regions, 1982-83 and 1983-84

	Total		Infants		Preschool		School children		Adults	
Vaccine	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84
Total	**132,948**	**134,397**	**50,221**	**55,892**	**51,883**	**49,963**	**29,224**	**26,521**	**1,620**	**2,021**
D.P.T.*	44,945	45,257	26,634	27,764	18,311	17,493	—	—	—	—
D.T.†	14,511	13,432	264	213	2,234	2,313	11,972	10,614	41	292
Oral Polio	55,980	59,411	23,323	27,915	20,262	19,999	12,174	11,294	221	203
M.M.R.**	12,293	11,407	—	—	10,789	10,026	1,504	1,381	—	—
Mumps	574	343	—	—	255	110	260	231	59	2
Measles (Rubeola)	114	88	—	—	32	22	81	66	1	—
Rubella	3,255	2,955	—	—	—	—	3,233	2,935	22	20
Others	1,276	1,504	—	—	—	—	—	—	1,276	1,504

* *Diphtheria, Pertussis, Tetanus.*
† *Diphtheria, Tetanus.*
** *Measles, Mumps, Rubella.*

Table 3. Selected Public Health Nursing Statistics, Saskatchewan Health Regions, 1982-83 and 1983-84

	Total		Infants		Preschool		School children		Adults (under 65)		Adults (65 and over)		Other	
	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84
Child Health Conference														
Attendance	77,657		33,839	34,095	43,818	43,240	–	–	–	–	–	–	–	–
Immunizations	132,948	134,397	50,221	55,892	51,883	49,963	29,224	26,521	1,620	2,021	–	–	–	–
D.D.S.T.*	51,598	77,335	22,259	22,098	29,339	29,448	–	–	–	–	–	–	–	–
School Programs														
Teacher Nurse Conference	14,084	13,330	–	–	–	–	14,084	13,330	–	–	–	–	–	–
Students seen	50,913	55,900	–	–	–	–	50,913	55,900	–	–	–	–	–	–
Education programs	726	728	–	–	–	–	726	728	–	–	–	–	–	–
– students attending	20,115	25,865	–	–	–	–	20,115	25,865	–	–	–	–	–	–
Discussion with parents of students	10,582	10,846	–	–	–	–	10,582	10,846	–	–	–	–	–	–
Home Visits														
– Prenatal	5,967	5,841	–	–	–	–	–	–	5,967	5,841	–	–	–	
– Postnatal	13,478	13,304	–	–	–	–	–	–	13,478	13,304	–	–	–	–
– Special†	8,529	8,055	–	–	–	–	–	–	–	–	–	–	8,529	8,055
– Communicable disease	1,699	1,900	–	–	–	–	–	–	–	–	–	–	1,699	1,900
– Other	43,389	42,933	12,750	13,253	8,128	8,229	2,014	1,613	9,689	8,864	12,822	10,974	–	–
Referrals	9,878	9,830	–	–	–	–	–	–	–	–	–	–	9,878	9,830
Group education meetings	717	752	–	–	–	–	–	–	–	–	–	–	717	752
Prenatal classes														
– Women enrolled	3,487	3,511	–	–	–	–	–	–	3,487	3,511	–	–	–	–
Attendance	13,028	12,970	–	–	–	–	–	–	13,028	12,970	–	–	–	–
– Men enrolled	2,780	2,645	–	–	–	–	–	–	2,780	2,645	–	–	–	–
Attendance	9,794	10,041	–	–	–	–	–	–	9,794	10,041	–	–	–	–

* *Denver Developmental Screening Test.*

† *SAIL, home care, mentally ill and physically handicapped.*

"Health Is It" programs, utilizing peer counsellors and high school student councils, have been expanded to schools in Health Regions 11 and 12. Response has been excellent. Students have carried out their own programs for improving healthful living.

Public Health Inspection Services

The objective of public health inspection services is to safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act relating to:

- Apartment blocks
- Bakeshops
- Barber and beauty culture establishments
- Fumigation and hydrocyanic acid
- Hotels and motels
- Milk and certain milk products
- Mobile homes
- Plumbing and drainage
- Public eating establishments
- Sanitation
- Sawmill, lumber and mining camps
- Shoreland pollution
- Swimming pools
- Tourist accommodation
- Waste management

Inspections are carried out for a wide variety of conditions in institutions, retail stores, solid waste disposal facilities, recreation areas, etc. Inspection and consultative services are also provided to other agencies. These agencies include municipal water and sewage works, schools, hospitals, intensive livestock operations, day care centres, special-care homes and approved homes. Microwave ovens in commercial establishments are also checked on a routine basis for the Occupational Health and Safety Division, Saskatchewan Labour.

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations. In 1983-84 there were 2,406 public eating establishments located within the ten health regions for which 7,628 inspections and field visits were completed.

To reduce the risk of water or sewage-borne disease, public health inspectors monitor all municipal water and sewage treatment facilities. All private sewage systems, especially those located in environmentally sensitive locations, such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to Saskatchewan Environment in monitoring various emissions and in performing field inspections. Similarly, consultation is provided on refuse disposal practices and monitoring is undertaken to ensure compliance.

To ensure that public facilities are free from physical, chemical or biological hazards, regular and continuous monitoring of public accommodations, residential facilities and personal service establishments is undertaken. Such monitoring ensures compliance with minimum standards of ventilation, sanitary

Table 4. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions, 1982-83 and 1983-84

	Number of facilities		Number of field visits		Number of formal inspections	
Type of activity	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84
Eating establishments	2,281	2,406	7,531	4,968	2,863	2,660
Food distribution	1,250	1,272	1,383	650	662	712
Food processing	218	230	470	350	147	169
Liquor outlets	575	583	1,125	1,025	516	458
Communal water system	497	510	2,160	1,735	468	368
Private water supply	—	—	592	373	—	—
Public water supply	340	360	1,968	589	262	163
Communal sewerage systems	481	490	399	306	501	378
Private sewerage systems	—	—	2,170	1,434	—	—
Public sewerage systems	28	28	595	170	18	10
Solid waste disposal	769	783	1,943	1,648	801	604
Liquid waste transport	59	75	212	128	15	26
Hospitals	129	127	107	67	77	77
Schools	760	751	239	128	209	267
Institutions	357	389	202	176	239	237
Housing	—	—	1,518	1,268	—	—
Mobile home parks	98	97	93	179	93	72
Trailer courts	61	59	369	69	47	53
Hotels	461	462	689	570	467	458
Motels	222	221	171	115	220	192
Industrial facilities	12	18	134	56	6	12
Swimming pools	210	221	1,800	955	269	217
Agricultural facilities	—	—	537	253	—	—
Personal service facilities	536	569	344	310	283	247
Recreational facilities	834	827	2,591	1,083	504	475
Public facilities	221	239	533	256	71	84
Plumbing	—	—	7,708	7,426	—	—
Investigations	—	—	2,260	906	—	—
Total	10,399	10,717	39,843	27,193	8,738	7,939

facilities, water supplies, waste disposal, and insect, rodent and vermin control.

Table 4, page 8, provides statistical indices for 1982-83 and 1983-84.

During 1983-84, two major training courses were conducted in Saskatchewan by public health inspectors. The Saskatchewan National Sanitation Training Program for food service operators was taught throughout the Province. Since the start of the program in 1974, approximately 5,100 food service workers have successfully completed this course.

A course for Swimming Pool Operators, which covers various aspects of water treatment and pool management, was administered by Saskatchewan Health. Pool operators received certification upon successful completion of this course. Since 1975, more than 1,200 certificates have been issued with 481 successful candidates in 1983-84.

In addition, brochures, pamphlets and news articles dealing with food, water pollution, shoreland pollution control and offensive trade practices are routinely produced and distributed for public information.

Nutrition Services

Regional nutritionists provide educational and consultant services to community groups, individuals and health professionals with the objective of promoting the adoption of sound nutrition practices.

Table 5. Nutrition Services, Saskatchewan Health Regions, 1982-83 and 1983-84

	1982-83		1983-84	
Activity	Services	Attendance	Services	Attendance
I. Nutrition education:				
A. Group discussions, lectures, workshops:				
Special groups (weight control, diabetes, prenatal, other)	153	2,955	122	2,254
Student groups	175	3,514	85	2,689
Parents and community groups	39	862	64	1,521
Interagency and interdisciplinary groups	71	2,675	23	494
B. Inservice training	66	524	64	487
C. Mass media, special materials productions:				
Radio and television	137	*	71	*
Newspaper	277	*	340	*
Other	53	*	68	*
II. Individual counselling:				
A. First contacts	461		382	
B. Follow-up visits	98		76	
C. Consultations re: clients	278		145	
III. Consultative services provided to Community Health Services staff, other health professionals, educational institutions and general public:				
Information, materials and advice	5,423		4,405	
Meetings, conferences, workshops, liaisons	803		563	
Other services	63		18	

* *Statistics are not available for media audiences.*

During the 1983-84 fiscal year, the regional nutritionists were involved in:

— Prenatal and infant nutrition: Regional nutritionists continued to promote the importance of prenatal nutrition, breastfeeding and sound infant feeding practices for optimum health of mother and child.

— "Baby's Best Start" demonstration project in North Battleford was completed. The project provided prenatal nutrition counselling to pregnant women who were at risk of delivering an infant weighing less than 3000 grams.

— Nutrition for preschoolers: The regional nutritionists were involved in developing tearsheets for parents of preschoolers. Topics addressed included normal nutrition needs, usual eating behaviours, supplements, snacking, resources and influences on food habits.

— Nutrition programs in schools: Nutrition education workshops were conducted for Division I and II teachers. Nutritious foods offered in schools were emphasized during Nutrition Month, 1984. A resource, "Foods to Think About", has been developed for this activity.

— Nutrition programs for adults: In response to a need expressed by weight control groups for reliable nutrition information, the nutritionists have developed a resource guide. It is being distributed through workshops for leaders of weight control groups.

— Media programs: Regional nutritionists were actively involved in providing nutrition education through the increased use of radio, television and newspaper.

— Community programs: Nutritionists continued to provide assistance to community groups. They participate with community groups as panelists, seminar organizers and guest speakers.

A summary of services provided by nutritionists is presented in Table 5, page 9.

Early Childhood Psychology Services

The objective of the Early Childhood Psychology program is the prevention or amelioration of developmental and learning disabilities in the preschool population. These disabilities include cognitive, self-help, social-emotional, fine-motor, gross-motor, language, information processing and attention span problems.

The emphasis of the program is on the provision of services to infants and preschoolers and their parents with primary focus on intervention at the earliest possible age.

The core of the Early Childhood Psychology program is casework. Developmental assessment, short-term guidance, counselling and therapy is provided in coordination with the health region early childhood team. Together with specialized clinics (e.g. University Hospital in Saskatoon), support is given to parents with high-risk and developmentally delayed children.

Consultation is provided to parents, other professionals, agencies and community groups. Primary prevention efforts include media work and small discussion groups to provide information about early childhood development. The early childhood psychologist promotes the establishment of community resources for exceptional preschoolers and their parents. There has been active involvement with parents in setting up and participating in early childhood intervention programs throughout the Province.

Community Health Services Branch has six early childhood psychology positions. A total of 1,270 children received services. Six hundred eighty-two were seen in person for assessment, counselling or therapy. Of this number, 361 were seen for the first time.

Speech and Language Pathology Services

The major objective of the Community Health Speech-Language Pathology program is to identify and intervene with communication disorders as early as possible. This takes the form of public education, diagnostic services, therapeutic services, counselling and consultative services. Speech-language pathologists offer services to people experiencing a delay or disruption in their ability to communicate orally, in terms of articulation, language, fluency or vocal quality. The delay or disorder may or may not be organically-based and can occur in isolation or in conjunction with other disabilities.

Most services are delivered in the health region's central and district health offices. Although preschool children are the priority, limited service is also provided to school-aged children and

Table 6. Community Health Services Branch, Speech-Language Pathology Caseload by Age Group Comparison, March 1982, 1983 and 1984

	March 1982		March 1983		March 1984	
	#	%	#	%	#	%
Preschool	1,103	57	933	65	974	86
School age	730	38	399	28	59	5
Adult	86	5	98	7	101	9
Total	1,919	100	1,430	100	1,134	100

Table 7. Community Health Services Branch, Speech-Language Pathology Caseload Status Comparison, March 1982, 1983 and 1984

	March 1982		March 1983		March 1984	
	#	%	#	%	#	%
Waiting assessment	457	24	354	25	242	21
Waiting treatment	263	14	118	8	69	6
In treatment	493	25	532	37	554	49
Waiting review	706	37	426	30	269	24
Total	1,919	100	1,430	100	1,134	100

adults. At year end, preschool children comprised 86 per cent of the caseload, school-aged children 5 per cent and adults 9 per cent.

The service became more effective in the 1983-84 year through an increase in the frequency of treatment sessions. In 1982, only 20 per cent of the cases being treated were seen once per week. This had tripled to 60 per cent by 1984.

Chiropody Program

On February 1, 1984, the Saskatchewan Chiropody Program was officially launched with the opening of the Prince Albert Chiropody Clinic. A similar clinic also commenced services in Weyburn on this date, and a third clinic began operations in Moose Jaw in March.

The objective of this program is to establish a chiropody service in each of the Province's ten health regions within the next year.

The service will be primarily directed towards the elderly. However, all age populations will have access to the service upon referral from their public health nurse or family physician.

Any Saskatchewan resident with a valid Health Services Card is eligible to receive professional services at no charge. Where special footwear or orthotics are required, these will be the individual's responsibility.

Chiropody is the profession dealing specifically with problems of the human foot by medical, mechanical and minor surgical means.

Chiropodists are involved in pediatric screening, sports related injuries and provide workshops, seminars and lectures to medical, nursing and other interested groups.

Table 8. Saskatchewan Hearing Aid Plan Services, 1982-83 and 1983-84

Service	1982-83	1983-84
Total	26,218	26,561
Audiological evaluations	7,798	8,011
Hearing aid evaluations	3,231	3,265
Hearing aid checks	1,479	1,496
Hearing aid repairs	13,710	13,789

Saskatchewan Hearing Aid Plan

The Saskatchewan Hearing Aid Plan (SHAP) was established in 1973 to provide comprehensive audiological and technical support services throughout the Province. These services take the form of hearing tests, provision of hearing aids where appropriate and technical support services when required.

There is no direct charge for hearing tests to Saskatchewan residents. Hearing aids, batteries and related accessories are sold at SHAP's direct purchase cost. The average cost of a hearing aid through SHAP was $155.00 in 1983-84.

Services are provided in two main clinics in Regina and Saskatoon and through regularly scheduled regional clinics. Hearing testing is done by audiologists on patients of all ages starting as young as 3-4 months. Audiometric technicians provide hearing aid fitting and follow-up services.

Repair service is available for hearing aids purchased from SHAP or from other sources. Minor repairs are provided free of charge, while major repairs are done at a reasonable cost. Loaner aids are available at no charge to the patient.

SHAP continues to provide FM hearing aids (auditory trainers) to hearing impaired preschool children throughout the Province.

SHAP audiologists maintain an ongoing working relationship with the Department of Education, local school boards, hearing consultants, the School for the Deaf, preschool habilitation programs, speech-language pathologists, public health nurses and a variety of medical sources.

The statistics in Table 8, page 12, represent SHAP's major activities during 1982-83 and 1983-84.

Saskatchewan Aids to Independent Living Plan

The Saskatchewan Aids to Independent Living (SAIL) Plan was implemented in 1975 to provide aids and services to the handicapped and disabled residents of the Province.

Eligibility for SAIL services requires possession of a valid Saskatchewan Health Services Card and referral to the Plan by an authorized health professional.

Program administration, repair services and long term equipment loans are handled through the primary SAIL depots located in Regina and Saskatoon. In addition, a network of equipment sub-depots deliver short term equipment loan services to rural and northern residents.

The equipment and services provided by the SAIL Plan on a universal basis include the following:

— provision of, on a free loan basis for as long as required, an assortment of wheelchairs, ambulatory aids, environmental aids and respiratory equipment;

— insurance of the costs related to the manufacture and repair of the prosthetic and orthotic appliances manufactured at the approved provincial workshops;

— provision of, without cost, preventive maintenance and repair services for both SAIL and privately owned equipment;

In addition to the universal services described above, individuals who are handicapped or disabled due to specific diseases may be eligible for registration with the Special Benefits Programs administered by SAIL Plan.

The extended health services provided under the Special Benefits Programs to eligible individuals may include:

— cost coverage of disease related non-formulary drugs (including the prescription dispensing fee);

— cost coverage of disease related medications and supplies;

— specialized equipment not included under the universal program.

Two standing committees, the SAIL Advisory Committee and the SAIL Equipment Sub-Committee, provide advice and direction on program policies and service delivery, and assessment of new technology and equipment.

Table 9, page 13, summarizes the equipment issued by the Plan in fiscal years 1982-83 and 1983-84.

Major Initiatives 1984-85

— Expansion of the SAIL program to include the provision of aids and services required by the blind residents of Saskatchewan.

Table 9. Saskatchewan Aids to Independent Living Plan Services, 1982-83 and 1983-84

Equipment group	Equipment issues 1982-83	 1983-84
Total	23,489	25,197
Wheelchairs	2,440	2,402
Other mobility aids	4,635	4,945
Environmental aids	14,111	15,255
Respiratory equipment	2,179	2,492
Other equipment	124	103

Central Support Services

Central organizational units provide services to support direct community based programs.

Health Promotion Division

The Health Promotion Division maintains liaison with all branches of Saskatchewan Health, other government departments and agencies, health and safety related organizations and the education system as well as with community and professional organizations and the general public. The division provides central coordination services in the areas of nutrition, health education and lifestyle education.

Health Education

The objective of health education is to encourage the adoption and maintenance of healthy lifestyle behaviours.

The staff research health issues for the development of articles, discussions, displays and seminars; represent Saskatchewan Health on voluntary committees; and provide consultative services to health region staff, school personnel, community groups, professional groups and the general public regarding health issues. Displays are planned and provided in high traffic areas to promote healthy lifestyles.

Major displays were provided for Futurescan in Saskatoon, Safe Grad and National Non-Smoking Week in Regina as well as for the Senior's Health Fair in Regina.

A conference for professionals, "Communicating with Adolescents", was planned and conducted in Prince Albert. Staff from Health Promotion worked cooperatively with staff from the Psychiatric Services Branch and the Saskatchewan Alcoholism Commission.

The same staff planned and organized three "Health Is It!" youth conferences in Muenster, Saskatchewan. New students introduced to the program were from the Melfort-Tisdale Health Region and the Prince Albert Health Region. As well, a refresher conference was held for students who had attended the 1982 "Health Is It!" conference.

Later in the year, health promotion staff worked with the coordinator of the Moose Jaw School Health Project, and a "Health Is It!" conference was held in Fort Qu'Appelle for students from Moose Jaw and the surrounding area.

To encourage students and to help them maintain interest as student health representatives in their schools, a quarterly newsletter is published by the Health Promotion Division and provided to each student health representative and teacher advisor.

A major thrust during the 1983-84 fiscal year was the development and implementation of non-smoking programs for school-age children. The program consists of:

— provision of a $100 grant to high school student councils to defray the costs associated with non-smoking projects;

— provision of a specially designed non-smoking flag and commemorative plaque to any high school in which all the students are non-smokers;

— provision of a framed Certificate of Achievement to any high school in which no smoking is allowed in the school buildings or on the school grounds, 90% of the students are non-smokers, or all the students in one grade are non-smokers (if there are more than 50 students in the grade);

— provision of a computer quiz on smoking issues to any school which sends the division a blank computer diskette;

— purchased films, a hand puppet smoking demonstration kit and a life-size model of a girl ("Smoking Millie", that demonstrates the effects of smoking on the lungs) for school demonstrations.

The Minister's Commendation Certificate Program, which provides recognition to individuals who cease smoking, was continued.

A $3,000 grant was provided to the Swift Current "Time To Quit" Committee to assist them with providing their smoking cessation program to the residents of Swift Current and the surrounding area.

Advertising programs were provided on television stations throughout the Province to encourage safe graduations and the sensible use of alcohol.

Nutrition

The provincial nutritionist and assistant nutritionist provide consultant and education services to departmental, interdepartmental and interagency staff, health professionals, health region staff, community groups and individuals.

During 1983-84, several nutrition activities were undertaken:

— The results of a survey of Saskatchewan hospitals regarding current hospital policy on breastfeeding, breastfeeding education programs for staff and patients, and hospital policy regarding distribution of infant formula gift packages were compiled and distributed to Saskatchewan hospitals.

— Tearsheets on various aspects of preschool nutrition including normal nutrition needs, usual eating behaviours, supplements, snacking, resources and influences on food habits were developed.

— The nutritionists coordinated the development of two publications: "Keys to the Perfect Packed Lunch" and "Weight Control Leaders' Guide".

Communicable Disease Control Division

The Communicable Disease Control Division serves as a control, consultative and support service; a supply and distribution centre for vaccine, sera and biologicals; and a centre for the collection and analysis of communicable disease statistics.

Table 10, page 16, indicates provincial statistics regarding reported cases and deaths from selected notifiable communicable diseases from 1979 to 1983.

The trends in reported diseases (Table 10, page 16) are a guide to the pattern of disease in the Province over the last five years. However, changes can also occur due to variations in the reporting of a specific disease.

Hepatitis A:

A small increase in reporting of Hepatitis A occurred in 1983 (140 cases were reported compared to 83 in 1982). However, a definitive laboratory test for Hepatitis A has been available in Saskatchewan for the first time in 1983, and this may account for some of the increase.

Hepatitis B:

In 1983, the distribution of the new Hepatitis B vaccine to high risk patients and health workers was commenced.

Immunization consists of a series of three doses of vaccine over a seven month period. It is too early to demonstrate the effectivenes of the vaccine in preventing disease in Saskatchewan.

Rabies:

In 1983, 58 persons received human diploid cell rabies vaccine following exposure to potentially rabid animals. This is a decrease from 79 persons vaccinated in 1982. The effectiveness of prevention of human rabies by using rabies vaccine is supported by the fact that the last human case in Saskatchewan was in 1970.

Measles:

The special effort undertaken by Saskatchewan Health over the last two to three years to achieve and maintain high levels of immunization has been extremely successful. Only two cases of the disease were notified in Saskatchewan in 1983. This is the lowest annual figure since statistics related to measles have been recorded. The goal of measles elimination appears reachable (Table 10, page 16).

Salmonellosis:

Although 832 reports of salmonella were received in 1983 compared wtih 458 in 1982, no outbreak of salmonellosis was tracked to a commercial source of food. Many outbreaks were associated with private functions with the food prepared by private individuals.

Sexually Transmitted Diseases:

During the last ten years the number of cases (Table 11, page 17) and the rate per 100,000 for reportable venereal diseases (Figure 5, page 17) in Saskatchewan have slowly declined. The bulk of cases reported are gonorrhoea. This decline continued in 1983.

Western Equine Encephalitis (WEE):

No human cases were found in 1983. The WEE surveillance program identified a low level of WEE virus in mosquitoes during the summer of 1983. The surveillance program and the promoting of mosquito control programs continue.

Epidemiology

During 1983-84, a number of small outbreak investigations were undertaken. These were facilitated greatly by the presence of the federal field epidemiologist who was able to undertake the field work in collaboration with staff in the respective health regions. These investigations included:

a) giardiasis in Nipawin;
b) gastroenteritis at a summer camp;
c) salmonellosis in Prince Albert Region and other regions;
d) spontaneous abortions in the Beechy area;
e) hepatitis A in Kamsack.

In addition to such outbreak investigations, considerable progress has been made with several ongoing disease surveillance studies.

Multiple Sclerosis (MS):

An estimate of the total prevalence of MS in Saskatchewan has been prepared by examining data from the MS Clinic, Saskatoon, the MS Society, Saskatchewan Hospital Services Plan (SHSP), and the Medical Care Insurance Commission (MCIC). Currently an attempt is being made to validate this data in collaboration with MCIC, the Saskatchewan Medical Association, and the College of Physicians and Surgeons of

Table 10. Reported Cases And Deaths From Selected Notifiable Communicable Diseases With Actual Rates Per 100,000 Population, Saskatchewan, 1979 to 1983

	Yearly distribution									
	1979		1980		1981		1982		1983	
Communicable diseases	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Amoebiasis (Dysentery Amoebic)	13	—	14	—	15	—	9	—	18	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	2	1	—	—	6	—	4	—
Diphtheria Carrier	3	—	5	—	5	—	—	—	—	—
(a) Giardiasis	60	—	49	—	61	—	92	—	112	—
Gonorrhoea	2,670	—	2,602	—	2,695	—	2,467	—	2,029	—
Food Poisoning	50	—	113	—	122	—	79	1	152	—
Gastroenteritis	896	—	1,305	—	1,415	—	900	4	418	—
Hepatitis A	165	1	180	1	118	—	83	—	140	—
Hepatitis B	54	—	109	1	92	—	161	1	109	1
(a) Hepatitis B Carrier	—	—	—	—	—	—	—	—	58	—
(b) Influenza	603	12	1,999	14	1,232	20				
Leprosy	1	—	—	—	1	—	—	—	—	—
Malaria	7	—	11	—	4	—	4	—	1	—
Measles	1,089	1	301	—	63	—	37	—	2	—
Meningococcal Meningitis	—	—	8	—	3	1	3	2	7	—
Meningitis Bacterial										
— Haemophilus	18	1	27		23	—	37	1	31	2
— Pneumococcal	4	—	7	5	6	—	9	—	9	—
— Other	43	2	44		19	2	19	1	8	1
Meningitis, Viral or Aseptic	211	1	52	—	48	—	147	3	71	1
Mumps	315	—	554	—	158	—	131	—	41	—
Pertussis	99	2	177	—	84	—	7	—	16	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	1,013	—	402	—	72	—	65	—	81	—
Congenital Rubella	3	—	2	—	—	—	—	—	—	—
Salmonellosis	251	—	230	—	248	—	458	1	832	—
Shigellosis	99	—	390	1	674	—	620	—	281	—
Syphilis	26	—	44	—	20	—	22	—	23	—
Tuberculosis	104	3	119	6	96	8	91	2	99	4
Typhoid and Paratyphoid fevers	—	—	1	—	2	—	1	—	1	—
Annual rate per 100,000										
Amoebiasis (Dysentery Amoebic)	1.4	—	1.5	—	1.6	—	0.9	—	1.8	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	0.2	0.1	—	—	0.6	—	0.4	—
Diphtheria Carrier	0.3	—	0.5	—	0.5	—	—	—	—	—
Giardiasis	6.3	—	5.1	—	6.3	—	9.4	—	11.2	—
Gonorrhoea	280.3	—	270.7	—	278.3	—	251.4	—	202.9	—
Food Poisoning	5.3	—	11.8	—	12.6	—	8.1	0.1	15.2	—
Gastroenteritis	94.1	—	134.8	—	146.1	-	91.7	0.4	41.8	—
Hepatitis A	17.3	0.1	18.7	0.1	12.2	—	8.5	—	14.0	—
Hepatitis B	5.7	—	11.3	0.1	9.5	—	16.4	0.1	10.9	0.1
(a) Hepatitis B Carrier									5.8	—
(b) Influenza	63.3	1.3	208.0	1.5	127.2	2.1				
Leprosy	0.1	—	—	—	0.1	—	—	—	—	—
Malaria	0.7	—	1.1	—	0.4	—	0.4	—	0.1	—
Measles	114.3	0.1	31.3	—	6.5	—	3.8	—	0.2	—
Meningococcal Meningitis	—	—	0.8	—	0.3	0.1	0.3	0.2	0.7	—
Meningitis Bacterial										
— Haemophilus	1.9	0.1	2.8		2.4	—	3.8	0.1	3.1	0.2
— Pneumococcal	0.4	—	0.7	0.5	0.6	—	0.9	—	0.9	—
— Other	4.5	0.2	4.6		2.0	0.2	1.9	0.1	0.8	0.1
Meningitis, Viral or Aseptic	22.2	0.1	5.4	—	5.0	—	15.0	0.3	7.1	0.1
Mumps	33.1	—	57.6	—	16.3	—	13.4	—	4.1	—
Pertussis	10.4	0.2	18.4	—	8.7	—	0.7	—	1.6	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	106.4	—	41.8	—	7.4	—	6.6	—	8.1	—
Congenital Rubella	0.3	—	0.2	—	—	—	—	—	—	—
Salmonellosis	26.4	—	23.9	—	25.6	—	46.7	0.1	83.2	—
Shigellosis	10.4	—	40.6	0.1	69.6	—	63.2	—	28.1	—
Syphilis	2.7	—	4.6	—	2.1	—	2.3	—	2.3	—
Tuberculosis	10.9	0.3	12.4	0.6	9.9	0.8	9.3	0.2	9.9	0.4
Typhoid and Paratyphoid fevers	—	—	0.1	—	0.2	—	0.1	—	0.1	—
Population (c)	952,500		961,100		968,300		981,400		1,000,000	

(a) Reportable as of 1983.

(b) No longer tabulated as of 1982.

(c) Statistics Canada population figures (revised 1982). 1979 to 1980 — Final Mortality figures of Saskatchewan Residents (Statistics Canada) 1981 and 1983 — Preliminary Mortality figures (Saskatchewan Occurrances only).

Saskatchewan. Once the data is validated, statements on the true incidence and prevalence of the disease in the Province will be possible.

Cardiovascular Disease (CVD):

The Collaborative Saskatchewan — Nova Scotia CVD study has established that not only is the age-adjusted mortality rate for ischaemic heart disease low in Saskatchewan, but also that morbidity from the disease is also amongst the lowest in Canada. The reasons for the difference between Nova Scotia and Saskatchewan are still being investigated.

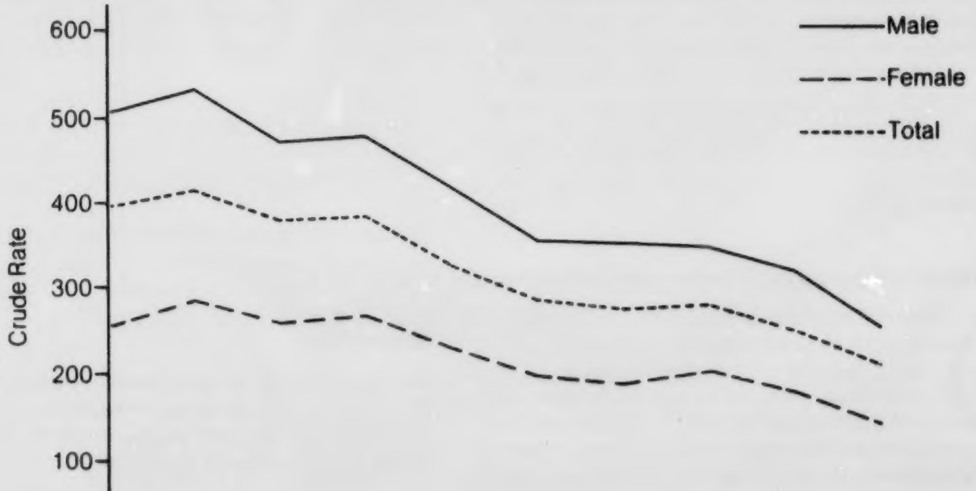
Respiratory Disease:

Morbidity and mortality rates for respiratory diseases including chronic obstructive pulmonary disease, pneumonia and influenza are being

Table 11. Reported Cases of Syphilis and Gonorrhoea, Saskatchewan, 1978 to 1983

Year	Total	Gonorrhoea	Syphilis
1978	3,095	3,050	45
1979	2,696	2,670	26
1980	2,646	2,602	44
1981	2,715	2,695	20
1982	2,489	2,467	22
1983	2,052	2,029	23

Figure 5. Crude Incidence Rate For Sexually Transmitted Disease, (per 100,000 population), Saskatchewan, 1974 to 1983



collected for the health regions and selected rural municipalities. With the cooperation of SHSP and Policy Research and Management Services Branch, this information will help to describe differences in patterns of illness in the Province and between Saskatchewan and the rest of Canada.

Sero-Epidemiogical Studies

During 1983-84, serological studies were undertaken in relation to both the rabies vaccination program and the newly introduced Hepatitis B vaccination program.

a) Rabies

Evaluation of the use of 0.1 ml doses of human diploid vaccine by the intradermal route for pre-exposure vaccination against rabies was undertaken in veterinary students and biological science students in Saskatoon.

To date, all those tested have responded to the vaccine with an antibody level of $\frac{1}{16}$ or greater. Thus, the vaccine given by this route gives as adequate a protection as that given in a larger dose (1.0 ml) by the intramuscular route.

b) Hepatitis B

A sero survey of embalmers was undertaken to assess their degree of risk from the disease and therefore the need for immunization. The survey showed that eight per cent of those tested had been exposed to the disease. This is an increased risk compared with the general public, and Saskatchewan Health is now making the vaccine available to this group along with other high risk patients and hospital staff.

Rheumatic Fever Prophylaxis Program

Penicillin, sulfadiazine or erythromycin is offered to all known sufferers of rheumatic fever as a prophylactic against further streptococcal infection, and is continued for a period of five years if no carditis occurs, or for life if, in addition, rheumatic heart disease is present. Certain groups whose profession puts them at risk, such as nurses and teachers, are continued on the program even if there is no carditis. At the present time, the number of persons on the program is 708 as compared to 838 at March 31, 1983.

Medical Services Division

The Medical Services Division administers the payment of accounts for non-insured health services to persons who are nominated to the Supplementary Health Program by Saskatchewan Social Services. Beneficiary classifications include Saskatchewan Assistance Plan beneficiaries, government wards and inmates of correctional institutions. On July 1, 1981, program eligibility was extended to include non-recipients of social assistance benefits 65 years and older, who are receiving Level 2, 3 or 4 special-care home or long-term hospital care, and whose income is at or below the Saskatchewan Income Plan level.

Beneficiaries

With the introduction of the Saskatchewan Assistance Plan on April 1, 1966, various social assistance categories were as nearly as possible combined under one program. Actual need replaced means as the criterion upon which eligibility was determined.

Over the past two years, the number of beneficiaries receiving coverage for non-insured health benefits increased considerably. The following table shows the average annual caseload of supplementary health services beneficiaries from 1980-81 to 1983-84.

Year	Beneficiaries
1980-81	44,701
1981-82	44,863
1982-83	54,760
1983-84	62,711

The preceding caseload figures do not include inmates of correctional institutions.

Benefits

Beneficiaries are provided with a Health Services Card and a Supplementary Health Card. The Health Services Card entitles beneficiaries to all benefits of the universal health programs.

The Supplementary Health Card further entitles beneficiaries to a comprehensive range of non-insured services which are described below:

Medical Services

Non-insured third-party medical examinations requested by Saskatchewan Social Services are paid for by Medical Services. The purpose of these examinations is to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, orthodontic and prosthetic dentistry but does not include payment for services that are available to children under the Saskatchewan Dental Plan. Payments to dentists are made on the basis of a payment schedule negotiated with the College of Dental Surgeons of Saskatchewan. Further information may be obtained from the Annual Report of the Saskatchewan Dental Plan.

Drug and Appliance Services

Eligibility for supplementary health program drug benefits is designated as follows.

Plan 1 — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. The beneficiary pays the normal prescription charge on all other formulary products and the full cost of other non-formulary drugs.

Plan 2 — In addition to the benefits described under Plan 1, the beneficiary may receive without charge any prescribed drug which is on the formulary of the Saskatchewan Prescription Drug Plan. Plan 2 is granted to all persons under 18 years, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements.

Plan 3 — In addition to the benefits under Plans 1 and 2, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to people receiving care in nursing and approved community homes, child wards and provincial correctional inmates.

Medical Services pays the full cost of most medical supplies and appliances that are prescribed by a physician and which are not benefits under the SAIL Plan.

Optical Services

Refractions are paid for as an insured service by the Saskatchewan Medical Care Insurance Commission.

Eyeglasses are paid for on behalf of eligible beneficiaries by Medical Services whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Repairs are paid according to a schedule of fees and there is an upper limit on the amount paid for a set of eyeglass frames.

Program Costs

Table 12, page 19, shows total program costs of the Medical Services Division for the past several years.

Table 12. Total Program Expenditures* By Category of Service, Medical Services Division, 1980-81 to 1983-84

Year	Total	Physician services	Drugs, medical supplies and appliances	Optical services	Dental services
1980-81	$2,066,170	$50,530	$649,660	$276,380	$1,089,600
1981-82	2,556,600	65,320	846,080	369,900	1,275,300
1982-83	3,439,970	71,740	931,200	455,890	1,981,140
1983-84	1,598,660	78,870	958,220	561,570	†

* *Excluding program administration costs. Historical expenditure figures will differ from those published in previous annual reports as they have been revised to include expenditures for correctional inmates.*

† *Budget for the program's dental component transferred to the Saskatchewan Dental Plan on April 1, 1983:*

Consultative Services

Medical

Expert medical consultation is provided by a senior medical consultant to physicians, public health nurses, medical health officers and other related agencies regarding child health, communicable disease and immunization programs. The medical consultant also maintains an ongoing liaison with other levels of government, community agencies, health professionals, hospitals and the general public.

Activities include providing technical information along with consultation and advice on health and health-related matters, attending public meetings, speaking engagements and conducting educational seminars for Branch and other agency staff.

In addition, a Medical Advisory Committee has been established to provide a formal mechanism for the provision to the Branch Director of medical advice and the identification of medical issues affecting the provision of community health services. This Committee is comprised of all medical health officers in the Province, and other medical Branch staff.

Therapeutic Abortions

The Community Health Services Branch has responsibility for maintaining a record of therapeutic (induced) abortions performed in Saskatchewan hospitals and transmitting this information to Statistics Canada on a monthly basis.

In 1983, there were 1,386 therapeutic abortions performed. The number of hospital days continues to decrease.

Table 13. Therapeutic Abortions, Saskatchewan, 1982 and 1983

	Marital status of patient											
	Number		Married		Single		Separated or divorced		Other		Hospital days	
Age of patient	1982	1983	1982	1983	1982	1983	1982	1983	1982	1983	1982	1983
Under 15	14	11	0	0	14	11	0	0	0	0	12	2
15	36	38	0	0	36	38	0	0	0	0	8	11
16	94	70	0	0	94	70	0	0	0	0	51	14
17	109	81	1	1	106	80	0	0	2	0	32	13
18	150	122	3	0	144	121	0	1	3	0	57	21
19	161	143	5	4	140	131	8	6	8	2	35	20
20-24	605	468	40	28	469	391	66	34	30	15	207	112
25-29	260	247	65	56	116	118	59	61	20	12	62	50
30-34	121	121	56	47	23	28	37	41	5	5	57	35
35-39	51	57	35	37	7	4	7	11	2	5	22	19
40-44	30	24	25	15	0	5	5	3	0	1	17	18
45+	1	4	1	2	0	0	0	1	0	1	2	2
Total	1,632	1,386	231	190	1,149	997	182	158	70	41	562	317

Nursing

Consultative services on province-wide community health nursing programs are provided by nursing consultants in the central office to regional public health nurses, as well as to other health and educational agencies.

Services include provision of assistance in planning, developing, promoting, coordinating and evaluating community health nursing programs. Assistance is also provided in developing in-service education and training programs, establishing immunization schedules and providing professional consultation throughout the regions.

Family Planning

Family planning services are integrated into a number of community health programs. Public health nurses, for example, provide individual and/or group education and counselling for both expectant and new parents.

Community Health Services Branch provides the consultative services of a family planning consultant. Each health region has resource materials available on this subject.

In 1983-84 grants were provided to Family Life Saskatchewan, Planned Parenthood and Serena Saskatchewan.

Health Protection Services

The Health Protection Division takes a comprehensive approach to health protection. The Division identifies, evaluates and responds to a wide variety of public health issues.

The Division was established in September, 1979 and concentrates in the following areas of public health technology:

— advisory services on environmental health issues;

— consultation in support of regional public health inspection services;

— milk sanitation services.

Consultant Services For Public Health Inspection

Senior public health inspector consultants provide advice to the regional public health inspection staff and the general public, and review and interpret the extensive legislation under The Public Health Act relating to food safety, public eating establishments, lodging and waste management. Close contact is maintained with municipal, provincial, federal and voluntary agencies.

This section is also responsible for providing effective public health control of milk borne disease by monitoring industry adherence to sanitation measures in handling, pasteurizing and distributing milk and milk products.

Under Section 44 of The Public Health Act, milk may not be sold, offered for sale or delivered in a city or town having a population of 1,000 or more unless it has been pasteurized in a plant approved by the Minister of Health. Under provincial legislation, residents may purchase unpasteurized milk directly from a dairy farm for their own use. During 1983-84 only 4 towns and 20 villages permitted the sale or delivery of raw milk.

A history of milk as a safe food has been established by confidence in pasteurization and reassured by the enforcement of regulations. There have been no reported illnesses attributed to infected milk in decades.

Table 14, page 22, represents the level of specimen compliance to milk quality standards.

Administrative Support Services

Administrative support services are provided from the central office to regional health programs in areas such as personnel administration, budget allocation, expenditure control and the development of data collection and reporting systems.

The Administration Division is responsible for coordinating the development of the Branch budget and establishing procedures for monitoring expenditures and funds, along with the acquisition of necessary materials and supplies.

Saskatchewan Child Safety Committee

In 1982, Saskatchewan became the first Province to appoint a committee to respond to the leading cause of death among children and youth: accidental injury. The Committee was appointed by the Minister of Health from representatives of the health professions, safety agencies, government departments, educators and the public. The Committee works to promote safety through the network of groups and agencies it represents and by making recommendations to the Minister of Health and others.

The Committee was awarded a grant from Squibb Canada Inc. to conduct research into childhood accidents and has published three research reports entitled "High School Accident Survey", "Safety Programs for Children and Youth", and "Accident Fact Book on Children and Youth".

Health Promotion and Counselling for Youth

This innovative health education project for youth which was funded by Health and Welfare Canada was successfully completed during 1983-84. Many in-service education seminars were provided to health staff, teachers and community groups.

Resource guides, which are inventories of health education resources for smoking, alcohol and drug abuse, nutrition, physical fitness and family life education, were provided. The project also produced three activity learning guides for youth group leaders and teachers: Discovering You; Food, Fitness and Feelings; and Communication Skills. The resource guides are being prepared for computer accessibility throughout the Province.

Table 14. Compliance to Milk Quality Standards, Saskatchewan, 1979 to 1983-84

	Per cent compliance				
Milk quality standards	1979	1980	1981-82*	1982-83	1983-84
Average	95.30	96.22	92.04	92.40	93.66
Standard plate count**	98.53	98.52	98.23	98.74	98.90
Coliform plate count†	94.35	93.38	92.08	92.86	95.03
Phosphatase test‡	100.00	100.00	100.00	100.00	100.00
Test for inhibitors***	99.56	99.80	99.71	99.94	99.92
Commingled raw milk count††	84.08	89.42	83.46	89.57	91.90

* *Effective 1981, percentages are based on a fiscal year.*

** *Less than 30,000 bacteria per millilitre.*

† *Less than 3 coliform bacteria per millilitre.*

‡ *Color equivalent to less than 1 microgram of phenol per millilitre.*

*** *Less than 0.05 units of penicillin per millilitre.*

†† *Less than 300,000 bacteria per millilitre.*

Staffing

There were 443.1 approved permanent and non-permanent positions in the Community Health Services Branch as of March 31, 1984, a net increase of 5.0 person years from March 31, 1983.

The approved person year distribution among the organizational units of the Branch is shown in Table 15, page 23.

Table 15. Approved Person Year Distribution, Community Health Services Branch, 1982-83 and 1983-84

Organizational unit	1982-83	1983-84
Total	448.0	443.1
Health Regions	330.1	329.1
Health Promotion	13.2	6.6
Health Protection	12.2	9.6
Health Promotion and Counselling for Youth	1.5	1.6
Health Services Program	—	6.3
Chiropody	—	7.0
General Administration	25.2	23.1
Communicable Disease Control	11.1	9.6
Saskatchewan Hearing Aid Plan	32.3	29.8
Saskatchewan Aids to Independent Living	22.4	20.4

Finance

Revenue

The Community Health Services Branch had receipts of $1,228,413 from the issuance of permits, licenses, sale of hearing aids and accessories and third party recoveries during the 1983-84 fiscal year. Also, in coordination with the Local Government Board and Saskatchewan Revenue, Supply and Services, $307,089 was collected through the Public Health Tax Levy. All receipts collected by Community Health Services Branch and Revenue, Supply and Services were deposited to General Revenue, Saskatchewan Finance (Table 16, page 24).

Expenditure

The actual expenditure of the Branch in the 1983-84 fiscal year was $23,841,360. Of this total, 44.5 per cent was expended for health regional programs, 21.9 per cent for operation of the SAIL and SHAP programs, 6.4 per cent for centralized support services (general administration) and 8.0 per cent in the form of grants to the cities of Regina and Saskatoon and other health agencies.

Table 16. Revenue, Community Health Services Branch, 1982-83 and 1983-84

Revenue	1982-83	1983-84
Total	$1,520,003	$1,535,502
Public Health Tax Levy	307,390	307,089
Permits, licences	14,713	17,484
Health Promotion:		
— Commodity sales	3,995	3,320
— V.R.D.P.[**]	—	—
Health Promotion and Counselling for Youth Health and Welfare grant	91,921	54,460
SHAP[*]		
— Hearing aids	458,740	484,796
— Hearing aid batteries	126,591	138,120
— Hearing aid moulds	37,342	31,249
— Hearing aid repairs	51,197	55,820
— 3rd party recoveries	77,866	80,151
— Auditory trainers	6,903	6,850
— Hearing aid accessories	11,286	13,070
SAIL		
— Commodity sales	46,099	36,121
— V.R.D.P.	285,960	306,972

[*] *SHAP revenue is gross revenue of $809,481. (This includes an increase in accounts receivable of $575.)*

[**] *Vocational Rehabilitation Other Disabled Persons.*

Table 17. Expenditure, Community Health Services Branch, 1982-83 and 1983-84

	1982-83		1983-84	
Distribution	Expenditure	Per cent	Expenditure	Per cent
Total	$24,823,800	100	$23,841,360	100
Health Regions	10,059,580	40.5	10,584,680	44.4
Health Promotion	866,650	3.5	660,650	2.8
Medical Services Division[**]	3,783,840	15.3	1,854,970	7.8
General Administration[***]	1,590,260	6.4	1,533,790	6.4
Grants to other health agencies	1,740,390	7.0	1,899,120	8.0
CD/VD	1,106,630	4.5	1,300,370	5.4
SHAP	1,699,590	6.8	1,748,130	7.3
SAIL	3,470,400	14.0	3,480,240	14.6
Air Ambulance	506,460	2.0	685,020	2.9
Chiropody	—	—	94,390	.4

[**] *The administrative responsibility and allocation for the dental component of the program was transferred to the SDP resulting in a decrease in expenditure.*

[***] *General Administration includes: administration, public health inspectors and high risk youth.*

2. Northern Health Services Branch

History

Prior to the 1974-75 fiscal year, health services delivery in the Northern Administrative District (NAD) was the responsibility of the Northern Health Services Region of the Saskatchewan Department of Health under the legislative authority of The Public Health Act and The Health Services Act. Services were somewhat limited and were delivered essentially through four outpost hospitals in Cumberland House, Buffalo Narrows, Sandy Bay and Stony Rapids. The Region's mandate was to operate the outpost hospitals, provide and coordinate health care for medically indigent non-Treaty residents, supervise air ambulance services and provide public health services.

In 1973-74, responsibility for delivery of health services in the NAD was transferred to the Department of Northern Saskatchewan (DNS) under the legislative authority of The Department of Northern Saskatchewan Act. The Health Services Branch of DNS came into being in the 1974-75 fiscal year and assumed responsibility for the outpost hospitals, continued to provide public health inspection and public health nursing services and introduced dental services on the West Side (Buffalo Narrows, La Loche and Ile a la Crosse). The 1975-76 fiscal year saw the conversion of the outpost hospitals to health centres, the opening of the Ile a la Crosse medical clinic with three contracted physician positions, the expansion of the Dental program to most northern communities and the introduction of the Health Education program.

Over the next few years, programs continued to expand with the introduction of contractual eye care services and the Community Health Worker program in 1976-77, the Community Mental Health Nurse program in 1978-79, a major expansion of the Community Health Worker program in 1979-80, expansion of contractual arrangements with private physicians to provide clinical tours to a variety of remote northern communities in 1980-81 and the assumption of responsibility for the Food Transportation Subsidy program in 1981-82. Over these years, resource expenditures increased from $342,050 in 1973-74 to $3,344,620 in 1982-83.

On October 1, 1982, the Health Services Branch of DNS was placed under the direction of the Department of Health and subsequently organized as a discrete Branch of the Department. Today the delivery of health services in the NAD is the responsibility of the Northern Health Services Branch of the Department of Health, headquartered in La Ronge. The mandate of the Branch is to provide integrated delivery of all health services in the NAD through the following range of programs and services:

- Nursing Program (Public Health and Primary Care);
- Mental Health Program (Community Mental Health);
- Community Services Program (Health Education and Community Health Workers);
- Public Health Inspection Program (Environmental Health);
- Dental Program;
- Food Subsidy Program;
- Continuing Education;
- Home Care.

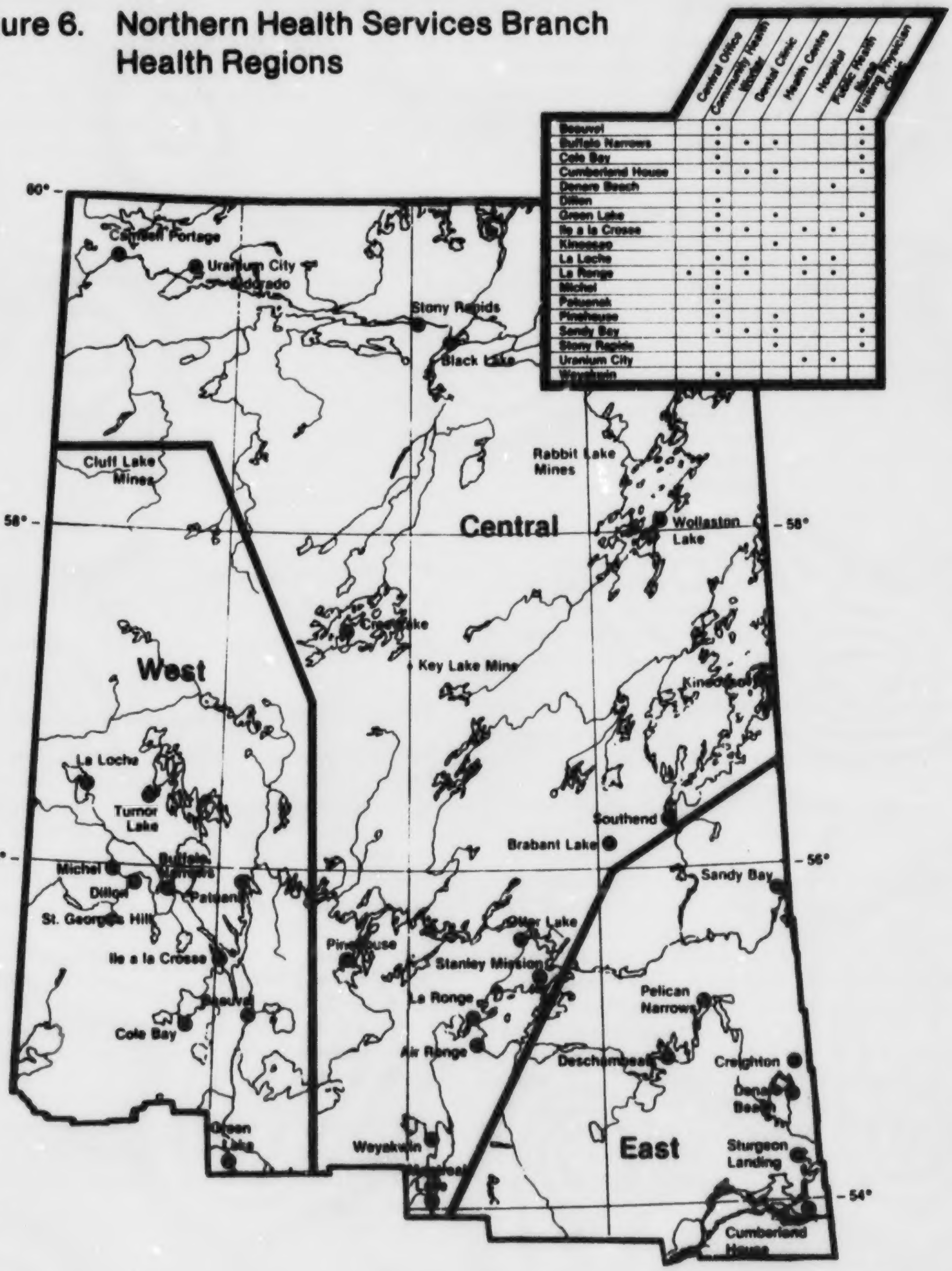
Organization and Administration

The service delivery system operated by the Northern Health Services Branch is organized on a local clinic basis with some clinics being staffed permanently and some on a routine visiting basis. The area is divided into three general administration regions. Headquarter staff are located in La Ronge.

Typical clinics or locations are staffed with all or part of the following disciplines: acute care, public health and community mental health nurses; public health inspectors: dental therapists and dental assistants; and physicians and dentists visiting on a regular basis.

The locations of permanent clinics and facilities are illustrated on the map (Figure 6, page 26). The Branch's administrative structure is illustrated in Figure 7, page 27.

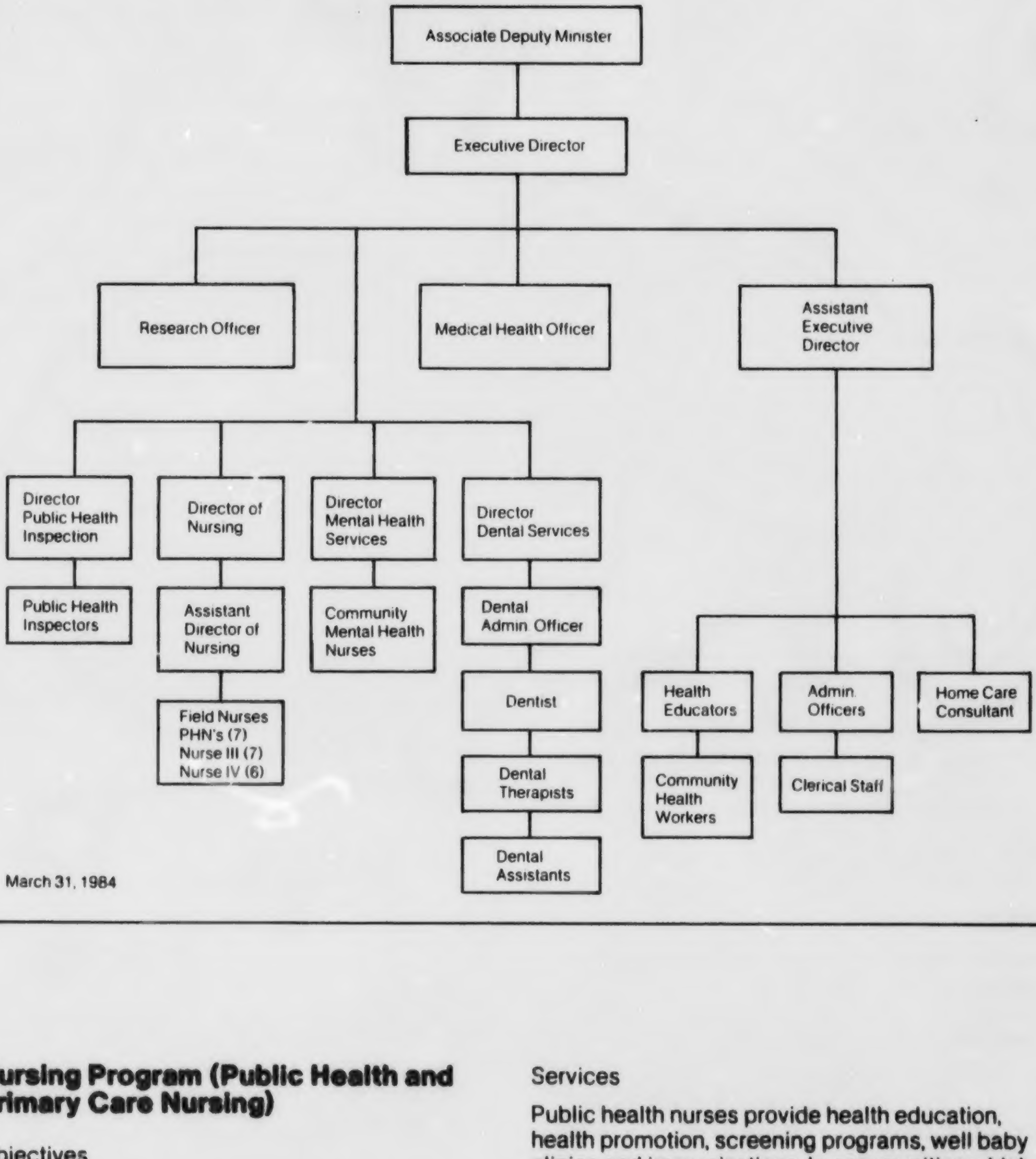
Figure 6. Northern Health Services Branch Health Regions


60°
58°
56°
54°
Camsell Portage
Uranium City
Eldorado
Stony Rapids
Black Lake
Cluff Lake Mines
Rabbit Lake Mines
Central
Wollaston Lake
Cree Lake
Key Lake Mine
West
Kinoosao
La Loche
Turnor Lake
Southend
Brabant Lake
Michel
Buffalo Narrows
Dillon
Patuanak
St. Georges Hill
Sandy Bay
Otter Lake
Pinehouse
Ile a la Crosse
Stanley Mission
La Ronge
Pelican Narrows
Beauval
Cole Bay
Air Ronge
Deschambeault
Creighton
Denare Beach
Green Lake
Weyakwin
East
Sturgeon Landing
Cumberland House

	Central Office	Community Health Worker	Dental Clinic	Health Centre	Hospital	Public Health Nurse	Visiting Physician Clinic
Beauval		•					•
Buffalo Narrows		•	•	•			•
Cole Bay		•					•
Cumberland House		•	•	•			•
Denare Beach						•	
Dillon		•					
Green Lake		•		•			•
Ile a la Crosse		•	•		•	•	
Kinoosao				•			
La Loche		•	•		•	•	
La Ronge	•	•	•		•	•	
Michel		•					
Patuanak		•					
Pinehouse		•		•			•
Sandy Bay		•	•	•			•
Stony Rapids				•			•
Uranium City					•	•	
Weyakwin		•					

March, 1984

Figure 7. Organization of Northern Health Services Branch


Associate Deputy Minister
Executive Director
Research Officer
Medical Health Officer
Assistant Executive Director
Director Public Health Inspection
Public Health Inspectors
Director of Nursing
Assistant Director of Nursing
Field Nurses PHN's (7) Nurse III (7) Nurse IV (6)
Director Mental Health Services
Community Mental Health Nurses
Director Dental Services
Dental Admin Officer
Dentist
Dental Therapists
Dental Assistants
Health Educators
Community Health Workers
Admin. Officers
Clerical Staff
Home Care Consultant

March 31, 1984

Nursing Program (Public Health and Primary Care Nursing)

Objectives

The public health and primary care nursing program's main objectives are to promote health, prevent disease and accidents, and to assist in the restoration of health for those who are ill or injured.

Services

Public health nurses provide health education, health promotion, screening programs, well baby clinics and immunizations. In communities which have no resident physician, primary care nurses are responsible for primary care nursing and diagnosing and treating minor and emergency cases on a 24-hour basis.

Table 18. Immunizations, Northern Health Services Branch, 1983-84

	Total	Infants	Pre-school	School
D.P.T.*	1,966	1,028	692	246
Polio virus	1,906	992	701	213
Measles (Rubeola)	17		10	7
Rubella	151			151
M.M.R.†	358			358

* *Diphtheria, Pertussis, Tetanus.*

† *Measles, Mumps, Rubella.*

Primary Care Clinics Attendance	
Total	23,528
Infant	2,018
Preschoolers	2,852
School age	3,884
Adults	14,774

In the past year, emphasis has been placed on two public health nursing programs:

1. In the immunization program both well baby clinics and school immunization programs were well utilized. A total of 4,398 immunizations were done.

2. Prenatal classes and pre and postnatal home visits are used by many nurses to provide health education.

In primary care nursing, thirteen primary care nurses in six community health centres dealt with 23,528 clients.

There were 5,405 attendances at the 326 doctors' clinics held during the year.

Mental Health Program (Community Mental Health Nursing)

Objectives

The community mental health nurses in northern communities provide assessment, planning and counselling services for people having problems relating to mental health.

Services

This area was active during the reporting period. The Director (hired in February 1984) and three mental health nurses provided high quality services to persons needing such support.

The mental health program provides primary community mental health care. This includes: individual, marital, family and group counselling; home and office visits; provision of medication; referral and follow-up; escort and medi-vac services; assessments; and community education.

Mental health services in the north were augmented by visiting teams from the Battlefords Mental Health Region (West Side) and Prince Albert Mental Health Region (East Side). An expansion of mental health services is being planned. The expansion will provide resident psychologists, social workers, an education psychologist, a speech and language consultant, and other staff as required.

Community Services Program

Objectives

The objectives of the community services program are:

— to assist residents of northern Saskatchewan to improve or maintain their present health status;

— to provide health education services on a community wide basis;

— to provide assistance and liaison between direct health delivery staff, service recipients and the community;

— to increase awareness of the implications of unhealthy lifestyles and to encourage individuals to modify their lifestyle by adopting attitudes conducive to healthy lifestyle decisions;

— to increase community and municipal responsibility and involvement in health issues affecting the community;

— to provide Indian and Metis people with the opportunity to participate in the planning, development and delivery of health education services;

— to assist in the development and provision of opportunities for Indian and Metis people to be trained as health workers;

— to be available to southern health services;

— to consult on northern Indian and Metis health issues; and

— to utilize the resources of southern health services.

Services

The community services program has two distinct components: (a) health promotion or education; and (b) the community health worker program.

a) Health Education

The health education aspects of the program are similar to the functions carried out in the Health Promotion Division of the Community Health Services Branch. These include development of health education programs to address identified health problems, development of health education materials that are appropriate to northern needs, provision of seminars or talks for health professionals, schools and community groups on request, and distribution of health information and materials upon request.

The health education program supplies health centres and clinics, dental clinics, health inspection offices and other interested groups with health promotion material. There was a constant demand for materials from the library, audio-visual and resource lending centre, and for pamphlets and posters. Where no appropriate materials existed, or materials existed in high level English only, health education staff developed their own.

There were many requests for workshops, courses and talks to various groups in several communities on a wide variety of topics. Some of the more common topics were first aid, cardiopulmonary resuscitation, nutrition, fitness, smoking, hygiene and family planning. Health education is encouraging successful and interested participants of first aid and cardiopulmonary resuscitation courses to become certified at the instructor level. This will help allaviate the demand for these courses as health education staff would not be the only instructors responsible for delivering these two courses.

As members of the Saskatchewan Education Society, the staff of Health Education, Northern Health Services, participated in a panel discussion of health education in Saskatchewan at the 1983 Saskatchewan Public Health Association Conference held in Saskatoon.

The health education program has survived a severe staffing shortage. The program was reduced to three full time positions, and although all three were vacant for several months, they are now all filled.

b) Community Health Workers

The community health worker program was introduced in 1976. Community health workers are indigenous northern community residents who are trained to provide the following services: basic health education in homes and schools; interpreter, education and liaison assistance to health professionals and community residents; orientation of health staff to northern communities; and education of community members regarding the availability of health services.

This year, two community health workers graduated from the training program and began work in their respective communities. Previously community health workers were hired on the basis of a three-party contract between Northern Health Services, local government councils and the community health workers. This system was replaced and the recent graduates became direct employees of the local government councils forming a much closer link between the two.

The councils, in turn, are on contract to Northern Health Services Branch to administer, supervise and fund this program. By being responsible for their respective community health workers, the local councils are encouraged to communicate more closely with them and therefore become more involved in the health issues of their own community.

Much work has been done to develop good working relationships between the community health workers, their employing councils and the Northern Health Services staff. The relationship between the local council and community health worker is relatively new. Help is sometimes needed to improve their working relationships.

There were, in 1983-84, 14 community health worker positions based in the following locations: La Loche, Buffalo Narrows, Michel Village, St. George's Hill, Ile a la Crosse, Cole Bay, Patuanak, Beauval, Green Lake, Pinehouse, Air Ronge, Weyakwin, Sandy Bay and Cumberland House. One of the 14 new positions is entitled an untrained Community Health Worker. This employee will have limited duties on the agreement that she will attend the next training course, when it is available.

Health education staff were guest speakers at the recent community health worker training course coordinated by Medical Services.

Two training conferences for community health workers were organized during the year. The first, "Working with Adolescents", involved assessing community health needs and designing strategies to meet these needs. The second conference covered a variety of topics including immunization, diabetes and nutrition education for community members.

Public Health Inspection Program (Environmental Health)

Objectives

The prime objective of the Public Health Inspection Program is to improve health standards in northern Saskatchewan. Emphasis is placed on teaching northern citizens the significance of sound health practices.

Services

During the year, public health inspectors conducted a total of 518 inspections, covering food control, water supply, sanitary sewage, general sanitation and solid waste. They issued 102 plumbing permits. A total of 242 operating permits were issued to campgrounds, tourist camps, mobile home courts, motels, institutional camps, hotels and public eating establishments.

Inspectors worked to ensure the water and sewage systems at Sandy Bay and Cumberland House underwent the upgrading required to meet standards and needs. Some upgrading has been completed in the past year.

Considerable innovative work was required on the inspection and testing methods used by public health inspectors to ensure plumbing standards were met at the Key Lake uranium mine. Plumbing inspection has been completed.

The public frequently resisted pressures from public health inspection staff to ensure all standards are met, putting considerable pressure on inspection staff.

Staff members gave courses in water chlorination and treatment, food handling and other topics.

Staffing

Staff members attended regular upgrading courses.

By the end of August 1983, a central area public health inspector position was vacant leaving four public health inspectors. Summer peak workload was met by augmenting the permanent staff with one public health inspection student.

Table 19. Inspections, Northern Health Services Branch, 1983-84

Area	Food control	Water supply	Sanitary sewage	General sanitation	Solid waste	Total
West Side	41	4	5	50	15	115
Central North	39	8	6	78	10	141
Central South	24	5	3	63	9	104
East Side	47	2	2	93	14	158
Total	151	19	16	284	48	518

Table 20. Number of Permits Issued to Operate, Northern Health Services Branch, 1983-84

Total	242
Campgrounds	1
Tourist camps	131
Mobile home courts	2
Motels	25
Institutional camps	3
Hotels	7
Public eating establishments	70
Swimming pools	2
Liquor premises	1

Dental Program

Objectives

The dental program's objectives are:

— to make dental treatment regularly and reliably accessible to the residents of northern Saskatchewan. These services are limited to non-treaty children between the ages of three and sixteen inclusive and also to adults on an emergency basis.

— to provide identical services to enrolled treaty children on a fee-for-service basis with charge back to the Department of Indian Affairs and Northern Development.

— to upgrade and standardize the quality of treatment;

— to render services in the north more equitable in relation to those available in the southern part of the Province;

— to initiate and maintain dental hygiene and education;

— through the foregoing, and accompanied by regular treatment, to replace the custom of emergency treatment only with an emphasis on ongoing dental care. This will generally raise the standard of dental health among people in the region.

Services

The Dental Program of Northern Health Services Branch began as the Pilot Dental Care Program on the West Side, 1973. The program has base clinics at La Loche, Buffalo Narrows, La Ronge, Sandy Bay, Beauval and Creighton. Satellite clinics are located at Pinehouse, Stony Rapids, Green Lake, Weyakwin, Turnor Lake, Uranium City and Cumberland House. Staff consists of one dental director, one supervising dentist, one administrative officer, eight dental therapists and ten dental assistants. Care is provided in community health centres (other than Ile a la Crosse where it is provided in the school). In early 1984, planning began to relocate the dental clinics in schools.

The supervising dentist is responsible for performing all initial examinations, diagnoses and treatment planning, for assigning work to and supervising the dental therapists and for personally treating all cases beyond the legal and professional scope of the dental therapists.

In the clinic, patients are examined for caries and any developing occlusive problems. There is orthodontic consultation where there are problems developing with possible interceptive treatment.

Three types of restorations are done in the clinic: amalgam and composite restorations, stainless steel and acrylic jacket crowning, and pulpal treatments.

Teeth are extracted for orthodontic reasons or when the tooth is unrestorable.

Educational activities include classroom instruction in oral hygiene (toothbrushing, flossing, home care), dental anatomy and development, and nutrition.

As well, in conjunction with public health nurses, lectures on dental care were given in prenatal classes.

The Fluoride Mouth Rinse Program was developed to promote preventive care. It is delivered through a variety of means including schools, Brownies, day care centres and other special interest groups. Topical fluoride application is available in the clinics. Clinics provide instructions on care of the teeth and dietary counselling.

Research

In January 1983, a survey was carried out on randomly selected children born in 1966 and 1977 in Weyakwin, Pinehouse, Sandy Bay, Buffalo Narrows, Uranium City, Stony Rapids, Ile a la Crosse, Cumberland House and La Ronge. This survey provided base line figures and a general assessment of the children's dental health.

A second survey was conducted comparing the dental status of children born in 1965 through 1978 inclusive. It clearly demonstrated the disadvantaged position of northern children compared to those from the south. Efforts to rectify this situation are being actively pursued. Table 21, page 32, shows the comparison.

Food Subsidy Program

This program is designed to reduce the cost of perishable foods for the fly-in communities of Fond du Lac, Stony Rapids, Black Lake, Wollaston and Kinoosao. The Northern Health Services Branch pays for the costs of transporting food from Hidden Bay to the retail food sales companies in these regions. The program reduces costs allowing for more nutritional foods to be consumed. In 1983-84 a total of 899,872 pounds of food were transported to these communities.

Continuing Education

The Branch fostered continuing education by holding intra-regional meetings to: discuss the progress of programs; discuss problems in service delivery; make changes in procedures and policies; and discuss equipment care and management.

Staff upgrading programs which were held covered: new work techniques; lifesaving techniques such as cardiopulmonary resuscitation; and self-development topics such as preventing burn-out and morale boosting.

Table 21. Northern Health Services Survey, Comparison of Dental Status, January 1984

	(Figures show average number per child surveyed)													
	Year of birth													
Teeth	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978
Permanent														
Decayed	5	5.61	3.46	5.74	3.47	4.74	2.5	3.09	1.49	2.27	1.82	1.38	.38	.00
	(—)	(1.32)	(1.22)	(1.22)	(1.00)	(.81)	(.65)	(.55)	(.56)	(.55)	(.44)	(.21)	(.02)	(.00)
Missing	3	.66	.83	.65	.69	.58	.22	.29	.14	.32	.16	.25	.08	.00
	(—)	(.45)	(.39)	(.28)	(.26)	(.16)	(.08)	(.04)	(.02)	(.00)	(.00)	(00)	(.00)	(.00)
Filled	6	5.05	7.26	5.38	6.88	4.20	4.20	2.50	2.54	1.04	1.32	11	.06	00
	(—)	(7.08)	(6.51)	(5.43)	(4.13)	(3.25)	(2.65)	(2.13)	(1.64)	(.87)	(.33)	(.06)	(.10)	(.00)
Total decayed, missing and filled	14	11.33	11.56	11.78	11.05	9.53	6.93	5.90	4.18	3.64	3.33	1.75	.53	.00
	(—)	(9.58)	(8.13)	(6.94)	(5.41)	(4.23)	(3.39)	(2.72)	(2.23)	(1.43)	(.78)	(.27)	(.03)	(.00)
Deciduous														
Decayed				.04	.01	.17	.41	.77	1.04	2.13	2.30	4.80	4.42	4.00
				(.01)	(.03)	(.10)	(.19)	(.36)	(.48)	(.63)	(.82)	(1.14)	(1.45)	(1.40)
Missing (extracted)				.08	.12	.07	.53	1.39	1.12	1.41	.90	.75	.62	.00
				(.00)	(.01)	(.04)	(.12)	(.19)	(.24)	(.21)	(.13)	(.10)	(.07)	(.04)
Filled				.00	.06	22	.75	1.13	2.01	1.88	2.35	1.26	.16	3.50
				(.08)	(.22)	(.67)	(1.39)	(2.32)	(2.98)	(3.08)	(2.76)	(2.27)	(1.44)	(.72)
Total decayed, extracted, filled				.12	.20	.47	1.69	3.29	4.18	5.42	5.46	6.81	6.61	7.50
				(.10)	(.27)	(.82)	(1.72)	(2.88)	(3.71)	(3.92)	(3.72)	(3.52)	(2.97)	(2.18)

Numbers — Northern Health Services delivery area.
Bracketed — Averages for Saskatchewan Dental Program (in South)

Home Care

Home care is the newest program of Northern Health Services Branch. It was transferred to the Branch from Continuing Care in July 1983.

Objectives

The goal of home care is to enable individuals of all ages, who otherwise would not be able to care for themselves, to remain at home. The program provides needed care and support utilizing individual, family and community resources.

Services

Program services are provided and overseen by a local board which receives an operating grant from the Department of Health under the authority of The Health Services Act. The Boards are encouraged to provide nursing care, homemaking services, handyman services, personal care and meals-on-wheels services.

This essential program helps prevent or delay an individual's institutionalization. The program therefore maintains community and cultural ties.

There are home care boards in the communities of Ile a la Crosse, Green Lake, Beauval, Pinehouse, La Ronge, Creighton, Uranium City, Weyakwin and Cumberland House. Several boards serve nearby satellite communities. There are proposals for two more boards.

Northern Health Services Branch provides or facilitates administration, program development, staff training and program evaluation.

There is an ongoing need for board education. As well, staffing standards do not, as yet, meet southern standards. Meeting these training needs will improve the cost benefit service delivery ratio.

3. Regina and Saskatoon Cities' Health Programs

Overview

The health programs in Regina and Saskatoon are under the direction of a Medical Health Officer. In Regina the Medical Health Officer is appointed by the Regina City Council and is responsible to it through a Board of Health. The health program in Saskatoon is the responsibility of the Board of Directors of the Saskatoon Community Health Unit. The Board was appointed by Saskatoon City Council.

A report of public health activities in each of these cities has been provided by the respective departments and is included in this report in an attempt to give a more complete outline of the health services received by approximately 30 per cent of the Province's population.

Each publishes its own annual report containing more details and statistics respecting individual programs. These reports are available from the Regina City Health Department (1910 McIntyre Street, Regina, Saskatchewan S4P 2R3) and the Saskatoon Community Health Unit (350 3rd Avenue North, Saskatoon, Saskatchewan S7K 2C3) respectively.

Regina City Health Department[1]

Overview

The Regina City Health Department was formally organized in 1912 although health services for the City date back to 1894. The Department operated from City Hall until 1952 when a new Civic Health Centre at 1910 McIntyre Street was formally opened. During 1981, a new branch office officially began operating in the northwestern part of the city.

There has been great expansion in health programs and services over the years. Initially the greatest problems were sanitation and infectious diseases. Today the Health Department is also involved in education aimed at changing lifestyles and promoting more healthful living. In recent years, with the increasing numbers of native people moving to Regina, concerns have arisen regarding provision of appropriate health services for them. During 1983, the Mayor's Task Force on Indian and Metis Health made a number of recommendations addressing these problems. One of the recommendations made by the Task Force was that the Department's Native Community Health Worker program, funded initially on a casual basis by federal and City money, be made a permanent service of the Health Department. The Health Department is hoping to cooperate in implementing this and other recommendations of the Task Force.

There have been five medical health officers since 1912. Dr. T. Y. Chiao, who has served since 1963, announced in December that he would retire January 31, 1983. Dr. P.A. Hutchinson was appointed Medical Health Officer in August 1983.

Maternal and Child Health Division

During 1983, the services of this Division were provided by a pediatrician on contract. The pediatrician is responsible for certain direct clinical and telephone advice services to mothers and their children. Consultative services are available to staff members regarding infant, preschool and school age children programs. Advice to private practitioners and other professionals on matters related to immunization, communicable disease control and public health programs is also provided.

Pediatric services continue to be offered in two of the 21 regularly scheduled child health clinics. During 1983, 469 children were examined. Of these, 63 required referral to a private physician or community agency. In addition, advice was given in many cases regardless of need for referral.

Many of the children seen in the Child Health Clinics served by the pediatrician were referred as a result of the 1979 Births Developmental Project carried out by the Public Health Nursing Division during the summer and early fall. The project has done much to focus attention on, and identify earlier, preschool children with vision, hearing, developmental, speech and other problems.

---

[1] *This description of the Regina City Health Department was provided by Regina City Health. Statistics are reported by calendar year.*

Details regarding maternal and child health programs appear in the Nursing Division's report.

Immunization and Communicable Disease Control

Immunization

Prevention and control of communicable diseases remain a basic concern of the Department and activities in this area are a part of almost every division's duties.

The immunization program was very active with the public health nurses administering 42,615 procedures during 1983 to 24,331 individuals. These were carried out in the following facilities:

Central immunization clinic	12,640
Branch office (immunization clinics and child health clinics)	10,941
Child health clinics (all other child health clinics other than branch)	7,983
Schools	11,049

Immunization procedures by age group were as follows:

Infants	15,740
Preschool	12,751
School	11,467
Adults	2,124

During 1983, a special effort was made to immunize as many preschool children as possible against rubeola (red measles). Part of the 1979 Developmental Screening Survey included an assessment of immunization status. It revealed that 90 per cent of the 1,875 children 3½ to 4½ years old were up to date in immunization. Those who were behind were either immunized or the parents encouraged to remedy the situation at a future appointment.

The Department continues to be the designated yellow fever vaccination centre for southern Saskatchewan. During 1983, 299 doses were administered. In all, 1,737 travellers received this as well as other necessary immunization procedures.

Communicable Disease Control

There were no confirmed cases of rubeola in Regina during 1983. The number of cases of sexually transmitted diseases reported during 1983 was 521, a reduction from the 614 reported in 1982.

Regina, along with the rest of the Province, experienced a dramatic increase in reported cases of salmonellosis, especially during the hot summer months. A number of outbreaks were thought to be due to faulty handling of food prepared for special events such as weddings. As in past years, cases of hospitalized viral gastroenteritis continued to be reported. As expected, 60 per cent of these were in infants (under one year of age). In the vast majority of cases, no particular viral agent was identified. However, where positive cultures were obtained, it was noted rotavirus was predominent in the winter and spring months with enterovirus being identified more often in the late summer months.

Public Health Nursing Division

The Public Health Nursing Division employed 38 nurses this year, serving a population of 169,120. Positions include one nursing director, three assistant directors, 30 community nurses, three nurses whose main focus is immunization and one nurse assigned to the sexually transmitted diseases program and to tuberculosis surveillance throughout the city. A thirtieth district nurse position commenced on July 1, 1983. This represented an overall increase of one position from last year.

Two native community health representatives continued in our Community Outreach Project through joint Federal-City funding.

New Programs, Projects and Activities

1. A new project was launched in June, with the goal of completing a developmental assessment on all Regina children born in 1979 (ages 3½ to 4½

years). The objective in screening these children one full year prior to kindergarten is to identify remedial problems one year earlier than we have in the past. An earlier correction of problems should enhance health and learning potential in these important early years. One hour was allowed for each assessment which included vision, hearing, speech, general development, nutrition, general health and immunization status. Further details appear in Regina City Health Department's Annual Report.

2. The Nursing Division developed 13 scripts for HITTLINE (Health and Information Telephone Tapes), a federally funded project coordinated by a committee comprised of several Regina agencies. Topics prepared include STD; Gonorrhoea; Syphilis; Herpes; Prenatal Classes; Are You An Askable Parent; Pediculosis and Scabies; Red Measles, German Measles, Mumps and Chicken Pox; Should You Smoke During Pregnancy; Alcohol and Your Unborn Baby; Ear Infections and Hearing Assessment; Childhood Immunization; and Sudden Infant Death Syndrome.

3. A new child health clinic was established at the request of the Regina Native Women's Centre. It is held at their building, 1102 Angus Street, on the third Thursday afternoon of each month, staffed by a public health nurse and a community health worker.

4. The community health worker project obtained joint Federal-City funding for a further year, thus ensuring continuity of service to mid-February 1984.

5. In the fall of 1983, the immunization policy was changed to lower the age for the final booster from 15 to 14 years of age. This is in keeping with the National Advisory Committee on Immunization recommended guidelines of 14-16 years. It was felt that lowering the age will ensure that more completing doses are given prior to leaving school. For this year only, both 14 and 15 year olds received their final booster.

6. A pilot project concerning clerical work commenced with the fall term in 11 schools . The school secretary will now record basic admission and discharge information, issue health history forms to new students and complete in-town/out-of-town record request forms. This gives the nurse for that school prompt and accurate information and relieves her of some clerical duties thereby allowing for more relevant nursing input at the schools. This format will be evaluated prior to expansion to other schools.

Health Education Programs

1. Expectant Parent Programs

Prenatal classes continue to be an important and popular program. During 1983, 491 classes were taught. Participants included 896 mothers (of whom 229 were single), 659 fathers and 68 "coaches". The number of Regina births in 1983 was 3,033, the same as last year. This means just over 30 per cent of all expectant mothers were reached with a majority being primiparas. Attendance at Early Bird classes continues to be stressed and now accounts for 50 per cent of all couples' classes.

In the school setting, 95 teenagers received counselling regarding pregnancy for a total of 324 visits. As well, the Balfour Tutorial School had 94 students who received an average of ten prenatal classes in addition to their regular school work.

2. Parent Education

The need for Adoptive Parent Classes has decreased with the reduced number of babies being placed for adoption. Only one series of three classes was given to 5 mothers and 4 fathers. One series of the "Are You An Askable Parent?" program was presented to 18 mothers and 5 fathers. One series of "Enjoying Your Preschooler" was offered to 8 mothers and their toddlers. One-to-one parent education is also available during child health clinics and home visits.

3. Health Education Talks

Talks were given to a variety of community groups on a wide range of health topics. Subjects, including infant and child care, first aid, breast self-examination, family life, burn-out, parenting, sexually transmitted diseases, and safety, were presented to such groups as Big Sisters, Women In Need, school principals, Y's Women and foster parents.

	1981	1982	1983
Health education to the community:			
Number of sessions	106	166	188
Number of persons	1,963	2,305	2,095

4. School Services

Public health nurses spend on average 38 per cent of their time in the city's 114 schools (96 elementary, 14 high and 4 other). Services provided include: physical assessment (2,338); first aid (3,013); immunization (6,307); hearing screening (8,404); vision screening (11,573); scoliosis screening (3,251); communicable disease screening (3,627); student counselling (3,872); pregnant counselling teenagers (1st contact — 95, follow-up — 229); parent counselling (3,047); and teacher counselling (3,683). Classroom instruction on health related topics continued to be an important and growing area. Family life, nutrition and first aid were some of the subjects addressed.

	1981	1982	1983
Classroom instruction:			
Number of sessions	266	329	443
Number of persons	5,762	7,047	10,901

5. Infant and Preschool Services

Child health clinics monitor a child's growth and development, screen for health problems, provide counselling services and perform immunizations.

Total visits made to these clinics numbered 10,809. Of this total, infant visits numbered 6,442, preschoolers made 4,192 visits, and school aged children 175. Immunization was given at 79 per cent of all visits. Clinic locations were increased by one during the year, making 15 throughout the city.

Preschoolers' vision and hearing were assessed at day care centres, nursery schools and at special vision and hearing screening clinics. During the year 1,068 children in the 3-5 year old age group received vision screening resulting in 63 referrals. Essentially, the same children, numbering 1,055, received audiometer screening, with 37 being referred for further assessment.

An additional 1,847 preschool children born in 1979 had vision and hearing testing included with their special assessments during the summer. From this group, 87 were referred for further vision tests and 77 for further hearing tests.

Communicable Disease Control

Surveillance, plus free penicillin or sulfadiazine, were provided to persons on the rheumatic fever program. At year end, 48 individuals were on the program, a reduction of 17 from last year.

Tuberculosis notifications were reduced to 111 from last year's figure of 175. Seven cases of tuberculosis were reported, an increase from last year's total of six.

The reported incidence of sexually transmitted diseases was 521. Of these, 518 were gonococcal infections and three syphilis. Notifications for contact tracing totalled 220; of these, 191, or 87 per cent, were located and referred for treatment. As well, the nurse assigned to the Sexually Transmitted Diseases Program gave 30 talks to a total of 832 people during the year.

Home Visiting

Visits to homes numbered 7,506, for an average of 254 per district nurse. Visits accounted for 9,256 hours of time and were made for the following reasons (more than one reason per visit): infant care (4,357); sudden infant death (33); services to preschoolers (1,940); services to school children (938); suspected child abuse (36); services to adults (3,353); services to senior citizens (779); prenatal care (159); postnatal care (3,272); communicable disease surveillance (603); boarding care homes (31); and Saskatchewan Aids to Independent Living (655).

Professional Education

Public health nurses acted as field guides to nursing students on 238 occasions this year. Staff inservice sessions numbered 34 for a total of 1,296 hours, an average of 32 hours per staff member. An average of 19 hours per staff member was spent in workshops and seminars outside the Department. Subjects included communication skills, drugs, tuberculosis, sexually transmitted diseases, post myocardial infarct care, ear disorders, use of otoscope, DDST and cardiopulmonary resuscitation.

Environmental Health Division

This Division has a staff of 11, consisting of eight district public health inspectors, one supervisor, one senior public health inspector and one clerk steno. Three of the district public health inspectors were stationed at the branch office. During 1983, the Division received and investigated 1,343 complaints and conducted a total of 15,034 inspections or investigations, orders and consultations.

Table 22, page 39, lists areas of inspection for 1982 and 1983.

During this period, the Division took a total of 1,110 water samples of which 244 were from swimming pools and 866 were from the municipal water system. There were 245 plans approved for construction and/or renovation of food establishments, apartments, etc. In 1983, 51 dwelling units were placarded as unfit for human habitation under The Public Health Act. Twenty-six houses were demolished, 29 houses were repaired and had the placards removed. At the end of 1983, a total of 9 non-modern premises remained. The Division took 135 actions under Section 195 of The Urban Municipality Act and sent out 36 reports under Section 140 of the same Act. A total of 257 animal bites were investigated in 1983, of which 31.5 per cent were from dogs at large.

Sixteen public eating establishments closed during 1983, and for the same period there were 38 new openings.

Nutrition Division

The Nutrition Division is responsible for nutrition services, programs and policies for the City of Regina. During the past year there was an increase in public demand for these services.

Talks to the Community

School lunch hour programs were presented to ten Regina schools. In addition, 69 educational talks were given to community groups and 66 visits were made to homes, institutions and schools.

Consultant Services

In 1983, over 4,300 citizens were supplied with education materials and information on nutrition. In addition, 389 citizens were individually counselled concerning diets, 180 for weight reduction and 209 for other special dietary needs.

Table 22. Public Health Inspection Services, Regina City Health Department, 1982 and 1983

Area of inspections	Number of inspections	
	1982	1983
Total	11,886	15,034
Public eating establishments	2,043	2,082
Food establishments (bakeries, meat and fish markets, grocery and confectionery stores, beverage plants and food wholesalers)	531	559
Food poisoning cases reported and investigated	35	43
Food samples submitted to laboratory	40	84
Dwellings, special-care homes, day care centres, various approved homes, boarding care homes, schools, institutions and properties	2,808	2,657
Hotels, motels, apartment blocks and trailer courts	230	221
Recreation areas (swimming pools, parks, playgrounds, arenas, bowling alleys, pool rooms, theatres, halls and clubs)	387	424
Services and trades (laundries, barber shops and beauty parlours, garages and industries)	192	219
Insect and rodent control	158	168
Other investigations	5,462	8,577

Development of Nutrition Education Resources

Ten information sheets on a variety of nutrition topics were developed to be used as handouts. A number of nutrition information messages were also prepared for H.I.T.T. Line. In addition, articles were written for several school newsletters and provincial weekly newspapers. A "Week-at-a-Glance" menu, which included many low cost nutritious meals, was also developed.

Evaluation of Nutrition Materials

The Nutrition Division has evaluated a certain amount of educational material including:

1. a Provincial Public Health Nutrition publication for weight control;
2. a Provincial Public Health Nutrition publication on preschool nutrition;
3. many films, audio cassettes, filmstrips and slide/tape presentations;
4. a book for the Regina Public Library.

Canada Nutrition Month, March 1983

The Nutrition Division was again involved in promoting various activities during Canada Nutrition Month. Once again, public interest in the promotion of nutrition activities seemed very positive.

Mass Media

The nutritionist and assistant nutritionist made seven radio and television appearances.

Orientation

Nutrition orientation was provided for several professionals in the health field including public health nurses, nursing students from the University of Saskatchewan, and Regina's Native Community Health Workers.

Workshop

The nutritionists presented a workshop for public health nurses on nutritional aspects of a Teen Weight Control Program.

Biostatistics Division

The biostatistician's role in the Regina Health Department is to collect and maintain a data base useful to the Department, evaluate ongoing programs and help staff research different health areas, thereby assisting the Department to set future goals. The biostatistician may directly plan or assist in planning future programs, as well as conducting research into matters involving certain bylaws. The Biostatistics Division administers the Boarding Care Home Bylaw and Quit for Good (a smoking cessation program).

During 1983, there was a complete survey of areas affected by City of Regina Bylaw No. 6849 (respecting smoking in public places). Funding for staff was through the Job Creation Program. At the completion of the project, all areas inspected were in compliance with the Bylaw.

Separate Annual Report

The Regina City Health Department's annual report can be obtained from the Department at 1910 McIntyre Street, Regina S4P 2R3.

Saskatoon Community Health Unit[1]

Overview

After several major organizational and functional changes over the last few years, 1983 was a year of consolidation for the Health Unit. In particular, the Saskatoon Community Health Unit embarked on three major undertakings.

The Program Development Division was created to research and identify the health needs of high risk groups and to respond through appopirate program development. The highly successful Healthy Mother, Healthy Baby program was the first initiative of this Division. Its target groups are pregnant women at risk (i.e. those receiving low income, singles, smokers, and alcohol and drug abusers). In support of the program, the Kinsmen

---

[1] *This description was provided by Saskatoon Community Health Unit. Statistics are reported by calendar year.*

Foundation awarded a grant for a two-year demonstration project which allowed the Health Unit to provide a litre of milk a day and/or vitamins to pregnant women on low incomes.

In September 1983, the responsibility for sexually transmitted disease services in Saskatoon, including the Venereal Disease Treatment Clinic, was transferred to the Saskatoon Community Health Unit from the Province. The Health Unit has begun a major campaign to improve control over sexually transmitted disease. Preliminary results are encouraging.

In response to a growing concern regarding inadequate knowledge about the safe handling of food, the Health Unit offers certified food handler courses in cooperation with Kelsey Institute. The response has been encouraging, and future expansion is anticipated.

The Health Unit has made good progress in developing a comprehensive health information system. Such a system is a necessary precursor to improving the health status of the community. Aided by the University of Saskatchewan's Department of Social and Preventive Medicine, the Unit is deriving a clearer picture of morbidity and mortality patterns in the community. In addition, because nursing district boundaries are now coterminous with neighbourhood planning districts, Health Unit information (such as immunization rates) can be superimposed on census-based sociodemographic data for the same geographic areas.

Community Health Nursing Division

Community health nursing services include individual assessment, teaching in the home and school, counselling, clinic programs and home visiting. Immunization and screening programs are carried out primarily in the younger age groups.

The Health Unit's three health centres are divided into 28 nursing districts. North Health Centre has six districts, West has ten and South East Health Centre has 12. Community Health Nurses are responsible for delivering services to the population in their assigned districts. Services were delivered by 28 community health nurses and six health aides.

Health aides conduct vision and hearing screening programs for specified grades in all the elementary schools in the city. They do semi-annual reviews of the immunization records of preschool children to ensure immunization records are current.

Services and Programs

Childbirth Classes for Singles

One hundred sixty single pregnant women attended childbirth discussions at Bathany Home and at the University Hospital. Program content included nutrition, healthy lifestyles, changes during pregnancy, infant feeding, postpartum care, breathing and relaxation exercises, and future plans for mother and infant.

Childbirth Classes for Couples

A review and revision of childbirth classes for couples was undertaken by a committee from the Nursing, Nutrition and Health Education Divisions. Program content was revised and restructured into early and late pregnancy classes.

In 1983, 798 couples attended classes in various community locations.

Adoptive Parent Classes

Adoptive parent classes are offered to couples who have been approved by the Department of Social Services to receive an adopted child. Twenty-seven couples attended these classes. Infant care, growth and development, nutrition and parenting were discussed.

Hospital Visiting Program

Community health nurses visited the three hospitals to identify newborn infants, mothers and families at risk.

The total number of early referrals from the hospitals was 1,134.

Postnatal Visits

A home visit is made to all newborn infants in Saskatoon. In 1983, 3,183 such visits were made. Infant care, breastfeeding, child development, nutrition and maternal counselling were offered.

Child Health Conferences

Services offered include immunization, measurements of growth and development, counselling in nutrition, accident prevention and parenting. In 1983, 12,604 infants and children attended child health conferences.

School Health Services

Health services were provided to 76 elementary schools, 11 collegiates and three other adult-learning institutions. Hearing, vision and scoliosis screening programs were conducted. In the hearing screening program, health aides screened children in kindergarten and in grades 1 and 3. Of the 7,772 children screened, 66 (0.84%) were referred for further investigation of their hearing defect. In the vision screening program, 8,462 children were tested in kindergarten and in grades 1, 4 and 8. Of those tested, 422 children (4.98%) were referred for further examination. In the scolosis screening program, all kindergarten children and girls in grades 5 and 7 were examined. Of the 2,629 children tested, 185 (7.3%) were referred for further follow-up.

Nurses working in collegiates formed a special interest group to plan future health services for adolescents.

Nursing Districts Data Base

Twenty-eight nursing districts were revised to be coterminous with the city's neighbourhood boundaries. Sociodemographic information will be linked with nursing data which will assist the Division in future planning.

Staff Development

The majority of the nurses attended a two-day workshop on cardiopulmonary resuscitation. The staff qualified as basic cardiac life support rescuers. Future plans include annual recertification.

The College of Nursing assisted the Nursing Division in developing, presenting and evaluating a problem oriented nursing record. This method of recording is used for families with special needs. It is a systematic way of identifying unmet needs and developing nursing plans.

Staff from the Nursing and Education Division and a College of Nursing consultant formed a committee to plan regular nursing inservice sessions. Needs and future directions were identified.

Student Experience

A total of 306 students from the College of Nursing and from Kelsey Institute received their community clinical experience at the Unit's health centres.

Public Health Inspection Division

The Public Health Inspection Division is responsible for promoting health related values, for preventing injury and disease, and for detecting and controlling physical, chemical and biological health hazards.

The following is a list of activities carried out by the Public Health Inspection Division during 1983.

Complaints investigated	595 investigations
Restaurants and other food establishments	1,499 inspections
Commercial accommodation	152 inspections
Public places	134 inspections
Swimming pools	223 inspections
Air pollution program	56 samples
Miscellaneous interviews and inspections	1,922 activities

Indoor air pollution continued to be a problem in Saskatoon during 1983. Three complaints about carbon monoxide were investigated and resulted in the evacuation of a six-story office building. One hundred thirteen tests for airborn formaldehyde gas were conducted in response to requests from physicians or from occupants experiencing symptoms associated with high formaldehyde levels. A report on these tests was prepared and published in a national journal.

Emergency health services were necessary in response to a flood in Saskatoon on June 24, 1983. Severe flooding resulted in sewage contaminated water. Four hundred fifty inspections were conducted to assist homeowners, restaurants, grocery stores and other effected businesses with the task of decontaminating their premises. Press releases were developed to give advice on dealing with sewage contamination. Fortunately, water pressure was maintained in the municipal system during the flood, so contamination of the system did not occur.

Bulk food merchandising became increasingly popular during 1983. Many food displays did not protect food from direct customer and airborn contamination. One hundred fifty-eight inspections were conducted to ensure bulk food displays complied with established standards.

Monitoring of facilities at the Folkfest and exhibition resulted in 177 inspections. Seminars were held with staff outlining our requirements before each event. Isolated sanitation problems were identified and controlled. Poorly constructed and equipped booths at the exhibition were a problem. Also, some poor food handling techniques were identified in some cases at both events.

Health education seminars on various environmental health topics were given to 20 groups. Topics such as swimming pool operation and maintenance, sanitary food handling, and restaurant maintenance and design were addressed.

Research on whirlpool standards and the control of pseudomonas aerigunosa, the causative organism of a skin rash, continued during the summer. Results of the research indicate that it is difficult to ensure whirlpools are not contaminated with the organism and that a conscientious and thorough maintenance program is necessary to keep bacteria levels to a minimum.

The major difficulty faced by the Division was providing services to a growing city with a static complement of inspectors.

Epidemiology Division

The goals of the Epidemiology Division are to prevent, reduce and modify the course of diseases in the community through surveillance, investigation of outbreaks and protection of susceptible persons.

Gonorrhea has shown a moderate decline with 551 cases reported this year, down 28 cases from 1982. This is a continuation of the slight downward trend which has been evident since 1981. Four cases of syphilis were reported in this year, down from seven in 1983.

There was again this year an increase in the number of salmonella cases, with 77 cases being reported. This was in part a reflection of what has been happening throughout the Province, where a number of food born outbreaks of salmonellosis have occurred.

The latter half of 1983 showed a significant increase in the reported cases of chicken pox. This is part of the natural cycle of the disease, and a continued increase in the number of cases reported can be expected in 1984. Five cases of pertussis were reported in 1983, up from three in 1982. While it is a small number of cases, it serves as a reminder that whooping cough is still a problem and points toward the continued need for immunization.

The measles elimination program continued in 1983 through intensive investigation and surveillance. In 1983, one case of measles was reported, a significant decrease from the 12 cases reported in 1982.

Negotiations were finalized for the transfer of responsibility for sexually transmitted disease (STD) services from the Province to the Saskatoon Community Health Unit. On September 1, 1983, the Health Unit assumed responsibility for the STD (VD) treatment clinic currently housed in Ellis Hall on the University Campus. As a result of this transfer, the Community Health Unit acquired two new staff members (a full time and part time nurse) who provide diagnostic and treatment services at the STD clinic.

The central immunization clinic continues to provide immunization and advice to overseas travellers. In 1983, 3,661 clients attended the immunization clinic, down somewhat from the 4,236 in 1982.

Educational activities for the year included sexually transmitted diseases presentations to several lay organizations and lectures on epidemiology to the students at the Colleges of Nursing, Medicine, Pharmacy and Physical Education at the University of Saskatchewan. In addition, presentations were provided at professional conferences, and for the fourth year, a presentation was given at Bridal Fair.

Nutrition Division

Nutrition Division services are co-ordinated by the nutrition consultant who is responsible for:

— providing inservice education, consultation and resource materials to Health Unit staff;

— developing specialized educational programs designed to meet the health needs of target groups of people in all stages of the life cycle;

— promoting the availability of reliable nutrition information to professional groups in the community and the general public.

Inservice education programs for community health nurses were continued this year. Twenty-eight inservice programs were conducted in 1983, double the 1982 number. The majority were held at the individual health centres. Unit staff were encouraged to integrate nutrition into their programs. The nutritionists provided assistance concerning nutritional health problems and provided teaching ideas for programs in schools, prenatal classes, child health conferences and senior citizen centres.

In 1983, consultative services to Health Unit staff, professionals in the community and the general public remained relatively constant. There were 773 telephone and technical services provided. An additional 547 requests for nutrition resources were filled. There continued to be a steady demand from various community groups for nutrition education programs. Priority was given to those groups who were considered to be nutritionally at-risk. Thirty-three programs were conducted in 1983.

Regular media programming continued for the fifth consecutive year. The programs focussed on basic nutrition concepts, food safety and sanitation, special nutritional needs during the life cycle and food selection.

The main objective of the school nutrition education program was to encourage teachers to provide more quality nutrition education in their classrooms. To meet this objective, 46 inservice workshops were held, reaching 175 teachers. This represents a 30 per cent increase over 1982.

The adolescent weight control program was implemented in eight schools. Lesson plans were revised to a six-week program along with accompanying resources and teaching ideas. The program can be implemented by the nutritionist alone or with the co-operation of the community health nurse.

The greatest increases in Nutrition Division services this year were in the prenatal area. In March, the services of a quarter-time prenatal nutritionist were acquired. The major responsibility of this position is to the Healthy Mother/Healthy Baby and Singles Prenatal programs. The initial duty of the prenatal nutritionist position was to implement a training program for community health workers. Individual case conferences were held this year for the purpose of ensuring high quality counselling and follow-up with all clients in the Healthy Mother/Healthy Baby program. All clients registered in both programs are assessed for risk factors which may contribute to a poor pregnancy outcome. Sixty clients in the Healthy Mother/Healthy Baby program and 174 singles were assessed in 1983.

Major changes were also made to the couples prenatal program. The nutritionist participated in the Couples Prenatal Review Committee, and the revised content for the planned Early Childbirth classes was developed and given to community health nurses. As part of the revised procedure for these classes, all women registered for the couples program complete a Prenatal Registration/Assessment Form. They are also assessed by the nutritionist. In 1983, 411 assessments were carried out.

The lay-leader education program was continued this year. Three three-hour workshops were carried out with seven leaders of church groups and weight control groups. The objective of the program was to equip key individuals within the community with basic knowledge and skills so they may assist in disseminating nutrition information.

Two students, enrolled in the Community Nutrition course at the University of Saskatchewan, spent a half a day per week for eight weeks with the nutritionist. These field experiences provided practical experience and acquainted students with the role of the community health nutritionist.

Health Education Division

Health Education Division programs include promotion of health and the Unit's services, educational programs for staff, and development and distribution of resource materials.

Topics presented to staff at inservices education programs included energy conservation, human rights, nutrition services and research, environmental pollution, effects of nuclear war and physical fitness.

Consultations within the Unit included program and material development, and advertising and resource materials. Consultations in the community included tobacco smoking, accidents, parenting, sexuality, lifestyles and resource materials.

Educational presentations to the public and other agencies included information on tobacco smoking and legislation, and the Unit's programs and health education in the schools. Resources on adolescence were displayed at a workshop "Adolescence: Selected Needs and Problems".

A three-day film festival was arranged for the Nursing Division. Fifteen films were shown on physical and sexual child abuse, assault and sexual abuse of women.

A news conference was held for National Non-Smoking Week. Speakers featured the Minister of Health; the Medical Health Officer; representatives from the Concerned Citizens Group; Heart, Lung and Cancer agencies; and Health and Welfare Canada. Topics discussed were Women and Smoking, the Hazards of Secondhand Smoke, Heart Disease and Smoking, the Unit's Tobacco Smoking Kits used in schools and the Freedom from Smoking Program. A presentation was also given at the community college. A representative from the Canadian Council on Smoking and Health was the guest on a number of Saskatoon radio phone-in shows.

The second publication of the Unit's newsletter *CHAT* advertised the new high-risk program Healthy Mother/Healthy Baby. The newsletter informed physicians and agencies about the background, staff services and referrals for the program.

The Health Educator chaired the Legislation committee for the Canadian Council on Smoking and Health. Legislative priorities identified included increase in tobacco taxation, smoke-free environments in federal buildings, elimination of tobacco smoking on short flights (less than three hours), no smoking in airplane cockpits, and guidelines for hospital accreditation to reflect a prohibitation of selling tobacco products in hospitals.

Materials developed during the year included new covers, layout design and printing of the annual and monthly reports. Advertising materials were developed for the singles and couples childbirth classes. As well, new resources were purchased for the Unit's prenatal program.

Three day-long audio-visual workshops were given to staff. Teaching methods and the use and care of audio-visual equipment and materials were areas covered in the workshop.

Public requests for pamphlets and health information increased this year.

Office of Program Development

1983 was the first full year of operation for the Office of Program Development. The goals are to research, identify and respond to the needs of high risk groups through appropriate programs. The program was made possible by a grant from Saskatchewan Health. Supplementary funds from the Employment Development Division of the federal government were used to hire and train three native women as community health workers. Staff of the office includes a program development officer, a part-time nutritionist and three native community health workers.

The first major activity of the Office was a high risk pregnancy program: Healthy Mother/Healthy Baby. In subsequent years, programming will include other areas as risks are identified.

The Healthy Mother/Healthy Baby program was developed to improve pregnancy outcome for at-risk women. The program stems from the knowledge that many poor pregnancy outcomes are preventable, but that high risk women often fail to seek prenatal care.

Referrals began in February. There were 906 home visits made of which 662 were completed. In the remainder, clients were not at home. At the end of the year, 120 women had been identified, of which 68 per cent were native, 18 per cent Caucasian and 14 per cent from other racial groups. The majority of clients were single and ranged in age from 12 to 29. Some of the clients were on social assistance. Smoking, alcohol and poor nutrition increase the risk of many of the pregnancies.

Grant money was received from the Kinsmen Foundation to fund a two-year food supplementation project. This program will provide a litre of milk per day and/or vitamins to low income pregnant women. The project will begin in 1984.

An external advisory committee was created to assist in identifying needs, critiquing program activities and planning new initiatives. Various native groups and associations were represented.

Data from Healthy Mother/Healthy Baby is being computerized and analyzed to assist in program evaluation.

Separate Annual Report

The Saskatoon Community Health Unit publishes a separate annual report. It can be obtained from the Unit at 350 3rd Avenue North, Saskatoon
S7K 2C3

4. Psychiatric Services

Overview

Throughout the Province the Psychiatric Services Branch provides community mental health services which promote mental health and emphasize early identification of mental health problems and treatment in the community. An attempt is made to encourage individual and community responsibility and participation in meeting mental health needs. Wherever possible, services are provided without disrupting people's normal daily activities and routines. Accordingly, the Branch provides a variety of clinical and consulting services in the community and a range of day, evening and overnight services. Hospital services are available as a specialized support to the community program, but are provided only when necessary and for as brief a time as possible.

The Saskatchewan approach to mental health services is based on the principle that a full range of direct and supportive mental health services should be available to all residents of the Province in their own communities, or within reasonable travelling distance of their homes. Consistent with this approach, comprehensive mental health services are provided in each of the eight mental health regions in the Province. Recent developments in the distribution of services have allowed the regions to become nearly self-sufficient in dealing with their own community mental health needs.

The Psychiatric Services Branch recognizes the need to measure the efficiency and quality of its programs. By doing so, the Branch can determine the impact of a program in the community. Such measures are being incorporated into programs to ensure that maximum benefit is derived from resources allocated to the Branch and that the highest quality of mental health services is available to Saskatchewan residents.

Historical Development of Services

1914: The first provincial mental hospital was opened at North Battleford. Three hundred and forty-three patients were returned to Saskatchewan from institutions in Manitoba.

1921: A second mental hospital was opened in Weyburn.

1930: The "Munroe Wing" of the Regina General Hospital was opened to provide psychiatric services.

1946: Outpatient services were offered on a regular basis for the first time. A program to train school teachers and public health nurses in the principles of "Mental Hygiene" was developed.

1948: Psychiatric nursing as a profession was established.

1949 to 1954: The patient population in the two mental hospitals exceeded 4,000 persons. The number of retarded persons cared for in the Weyburn Training School increased from slightly more than 700 in 1950 to almost 900 in 1954.

1950: A psychiatric research program was established. In succeeding years it has made substantial contributions in biochemical and social psychiatric research.

The Public Health Department's Division of Mental Health Services became the Psychiatric Services Branch.

1955:	The "Saskatchewan Plan" — a treatment philosophy that emphasizes community based services as an alternative to mental institutions — was developed and became the guiding principle underlining the evolution of mental health services in Saskatchewan. A 39-bed psychiatric ward was opened in University Hospital, Saskatoon. The Moose Jaw Training School (now Valley View Centre) for mentally retarded persons was opened.
1961:	A second Training School for mentally retarded persons was opened in Prince Albert (now North Park Centre). The Mental Health Act was passed replacing the Mental Hygiene Act of 1936.
1963 to 1970:	Regionally based community services and intensive programs were developed with the aim of reducing the chronic patient populations in the two mental hospitals. Consequently, the number of patients declined from 3,111 in early 1963 to 931 by late 1970.
1964:	The Yorkton Psychiatric Centre, incorporating innovative ideas in architectural design, was completed. The Centre signified a shift away from the traditional mental hospital towards modern psychiatric centres built in association with general hospitals.
1969:	A psychiatric centre linked closely with the Victoria Union Hospital was opened in Prince Albert.
1971:	Saskatchewan Hospital Weyburn closed. It was converted into the Souris Valley Extended Care Hospital and an 84-bed Psychiatric Centre.
1972:	The Training Schools at Moose Jaw and Prince Albert were placed under the direction of a new agency, Core Services Administration (now a branch of Saskatchewan Social Services). Core Services assumed responsibility for services to mentally retarded persons.
1973:	The Psychiatric Nursing Training Program was initiated at the Wascana Institute of Applied Arts and Sciences in Regina. Hospital training programs were gradually phased out.
1976:	A major plan was announced for the redistribution of psychiatric beds throughout the Province. The plan would permit a more equitable allocation of regional inpatient services. It also allowed each region to become self-sufficient in dealing with mental health needs.
1978:	A 14-bed psychiatric ward was established at the Union Hospital in Swift Current. For the first time, designated psychiatric beds existed in each of the eight mental health regions. Sixteen beds, designated under The Mental Health Act, were opened at the Saskatoon City Hospital. A further ten designated beds were established at the Plains Health Centre in Regina. In both instances, authority for the administration of the units remained with the respective hospital boards.
1979:	A 22-bed psychiatric unit was opened in the Pasqua Hospital in Regina. Administrative responsibility was assumed by the South Saskatchewan Hospital Board.
1980:	The average daily inpatient census in facilities operated by the Psychiatric Services Branch declined to 407.7 persons. Of this

number, slightly over half were long-stay patients in the Saskatchewan Hospital at North Battleford.

Construction of a new 32-bed psychiatric centre at the Battlefords Union Hospital was completed and the centre was officially opened on October 24. The first patients were admitted on January 15, 1981.

1981: Two new group homes were established, bringing the total number of homes in operation in the Province to ten. The new homes, operated by the Saskatoon Social Development Council in Saskatoon and the Thundercreek Home in Moose Jaw, opened on June 1 and July 1 respectively.

A Day Vocational Rehabilitation Program for 50 persons was approved for the City of Regina.

1982: A Day Hospital Program, providing assessment and treatment services, was established at the Yorkton Psychiatric Centre.

A new group home was opened in Lloydminster under the auspices of the Elizabeth "Libbie" Young Residential Society.

A supervised apartment living program for mental health clients was piloted in Regina under the auspices of the Phoenix Residential Society.

A number of initiatives to improve crisis intervention services and short term supervised accommodation for difficult to serve persons in Regina got underway.

Eight new positions, including a Provincial Director of Child and Youth Services, were established to expand and improve existing mental health services to children, youth and their families across the Province.

Highlights, 1983-84

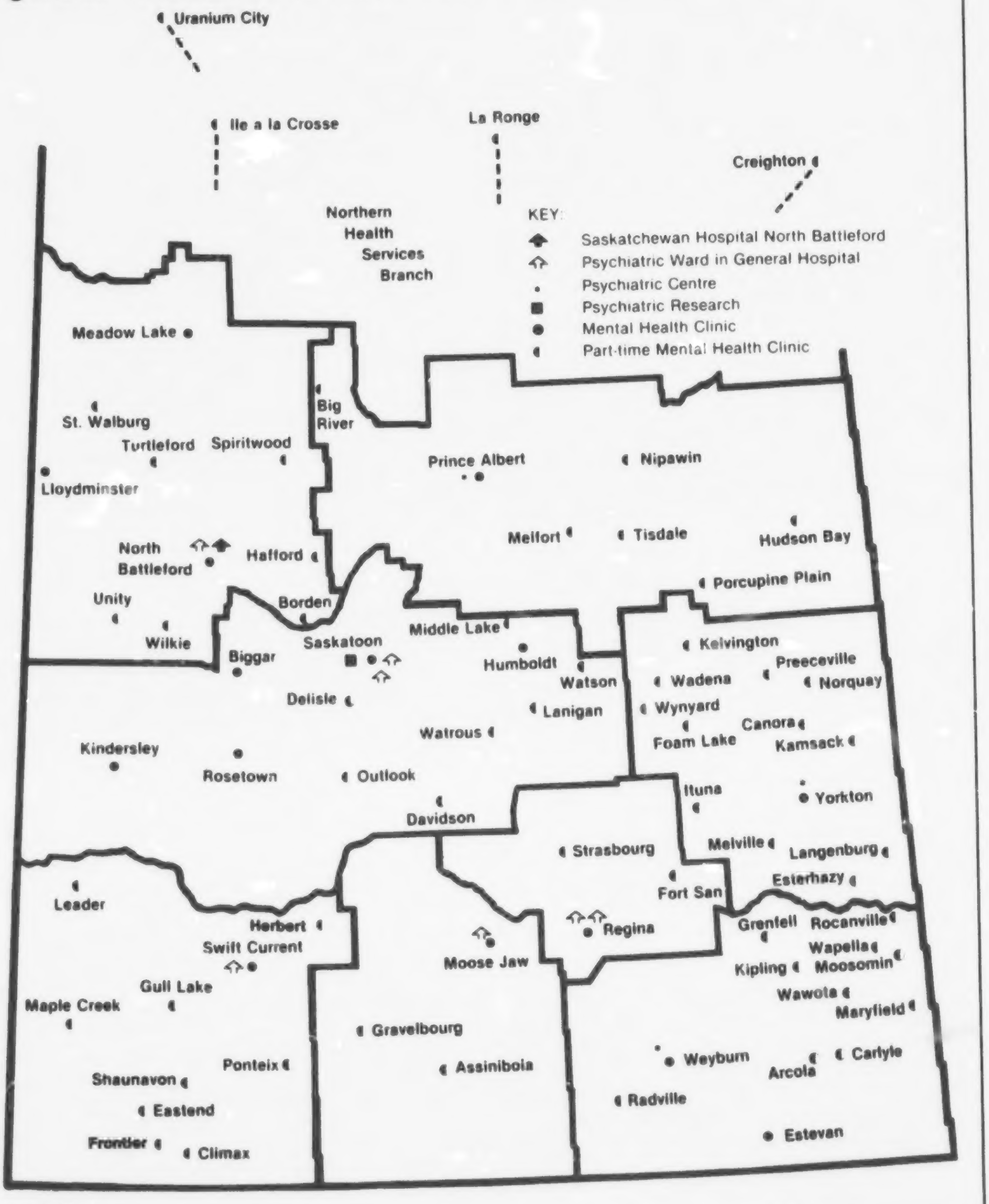
A comprehensive review of the final report of the Mental Health Association's Task Force on Mental Health Services in Saskatchewan, released in May 1983, got underway and was to provide the foundation for future improvements to services and programs.

A review of The Mental Health Act continued with particular attention to the impact of the Canadian Charter of Rights and Freedoms. The Mental Health Association's Committee of Enquiry into The Mental Health Act released a discussion paper in October 1983 recommending a number of changes to the Act.

Crisis management and intervention services for difficult to serve persons in Regina were expanded to include a training program for service providers, 24-hour crisis and hostel services, case follow-up, a supervised apartment living program, and a six-bed residential rehabilitation facility. Implementation of the crisis management project in Saskatoon got underway.

A regional director responsible for both mental health and community health services in the Swift Current region was appointed in December 1983.

Figure 8. Mental Health Services


Uranium City
Ile a la Crosse
La Ronge
Creighton
Northern Health Services Branch
KEY:
Saskatchewan Hospital North Battleford
Psychiatric Ward in General Hospital
Psychiatric Centre
Psychiatric Research
Mental Health Clinic
Part-time Mental Health Clinic
Meadow Lake
Big River
St. Walburg
Turtleford
Spiritwood
Lloydminster
Prince Albert
Nipawin
North Battleford
Hafford
Melfort
Tisdale
Hudson Bay
Porcupine Plain
Unity
Borden
Wilkie
Middle Lake
Saskatoon
Biggar
Humboldt
Watson
Kelvington
Preeceville
Wadena
Norquay
Delisle
Lanigan
Wynyard
Canora
Foam Lake
Kamsack
Kindersley
Watrous
Rosetown
Outlook
Ituna
Yorkton
Davidson
Strasbourg
Melville
Langenburg
Esterhazy
Fort San
Leader
Herbert
Swift Current
Regina
Grenfell
Rocanville
Wapella
Moosomin
Kipling
Moose Jaw
Gull Lake
Wawota
Maple Creek
Maryfield
Gravelbourg
Weyburn
Carlyle
Arcola
Ponteix
Assiniboia
Shaunavon
Radville
Eastend
Estevan
Frontier
Climax

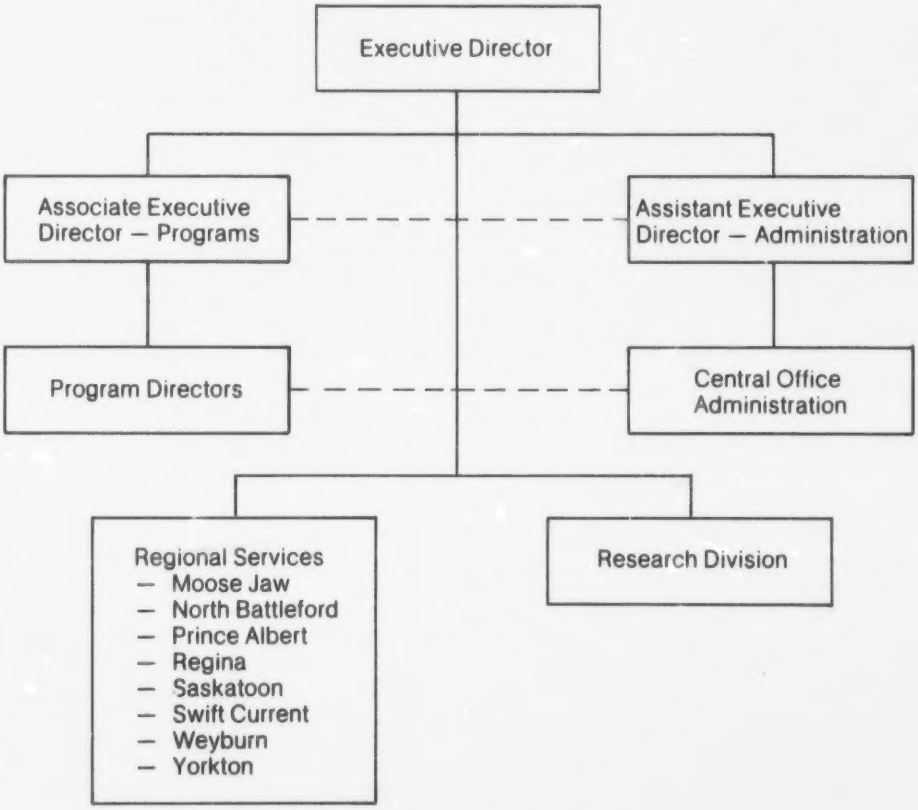
March 1984

Organization

The Psychiatric Services Branch service delivery system is organized on a regional basis. Regional boundaries and the location of clinics and other facilities are illustrated on the map (Figure 8) on page 8. The Branch continues to participate in efforts to develop coterminous human service area boundaries and to work with other departments and agencies in planning and locating services.

Programs in each of the eight mental health service regions are managed by chief executive officers who report to the Branch Executive Director. Central Office is responsible for overall administration, program direction and general policy formulation. The Branch administrative structure is illustrated in Figure 9, page 51.

Figure 9. Organization of the Psychiatric Services Branch


Executive Director
Associate Executive Director — Programs
Assistant Executive Director — Administration
Program Directors
Central Office Administration
Regional Services
— Moose Jaw
— North Battleford
— Prince Albert
— Regina
— Saskatoon
— Swift Current
— Weyburn
— Yorkton
Research Division

March 1984

Personnel

On March 31, 1984, the Psychiatric Services Branch had 806 established staff positions. Included in those positions are ten psychiatrists employed on a contractual basis. The staff positions are summarized in Table 23, page 52.

For a number of years, the Branch has had difficulty attracting qualified psychiatrists to the Province, particularly to the smaller rural centres. A variety of approaches have been undertaken over the last several years in an attempt to address the problem of the shortage of psychiatrists and substantial progress has been made. The Branch also continues to work with the University of Saskatchewan and the private sector to develop and review a variety of other options.

As one component of a more extensive recruitment and retention strategy for psychiatrists, the Branch undertook a broad-based advertising campaign in January 1982 in North America, Ireland and Great Britain. Substantial improvements to contractual opportunities for psychiatrists, made in 1981-82, assisted significantly in attracting interested applicants. In February-March 1982 the Branch Executive Director and the Branch Consultant Psychiatrist visited the United Kingdom to facilitate recruitment efforts and pursue proposals for alternate strategies which could be employed. The overseas trip was highly successful in that contracts were signed for virtually all of the existing vacancies in the Branch and a substantial number of enquiries from interested applicants were received.

The Branch has also placed new emphasis on the recruitment and retention of other mental health professionals, notably psychologists, social workers and psychiatric nurses. Recent efforts have been relatively successful and new strategies are being developed in an attempt to make further improvements. A series of professionally printed materials for recruitment of psychiatrists and other mental health professionals should be complete by the new fiscal year.

The professional staff in each of the eight mental health regions includes: social workers, community mental health nurses, psychiatrists, psychologists, psychiatric nurses, as well as occupational, recreational and adjunctive therapists. Approximately 216 of these employees work primarily with community based programs. Although most staff are based in or near the major psychiatric facilities, an effort is being made to improve the accessibility of services by locating workers in outlying areas. Accordingly, professional staff are currently stationed in the eight main centres as well as in: Meadow Lake, Lloydminster, Humboldt, Kindersley, Rosetown, Assiniboia, Melfort and Estevan.

Table 23. Summary of Established Positions, Psychiatric Services Branch, March 31, 1984

Position classifications	Total positions	Central office and related staff	Research	Regional programs	Sask. hospital
Total	806*	25	14	463*	304
Psychiatrists	42*	2	—	38*	2
Other physicians	1	—	—	—	1
Psychologists	44	1	—	42	1
Social workers	74	—	—	73	1
Community mental health nurses	63	—	—	63	—
Nursing staff	303	—	—	150	153
Therapists	43	—	—	30	13
Laboratory and technical	19	2	12	3	2
Administrative and clerical	115	20	2	64	29
Other staff	102	—	—	—	102

* *Includes ten contract positions.*

Services and Activities

The Psychiatric Services Branch has a broad mandate to be involved with all aspects of mental health throughout the Province. Its activities can be grouped into four major areas: Clinical Services; Day Hospital, Rehabilitation and Vocational Services; Residential Services; and Research, Education and Health Promotion. (Each is discussed in more detail below.)

Improved access to services has been emphasized in each of the eight mental health regions in the Province. The staff of each region is drawn from all of the major mental health disciplines. Services are provided throughout each region by a network of full and part-time mental health clinics. Designated psychiatric beds exist in every region. All regions have group homes for clients in need of sheltered living accommodation. Day hospital and/or day vocational programs exist in all regions. The Saskatchewan Hospital in North Battleford continues to accept a small number of patients from other regions. Its primary role, however, is that of a long-term care facility for chronic patients, most of whom were admitted more than a decade ago.

In addition to assuming a direct role in the provision of mental health services, the Psychiatric Services Branch plays an important role in developing services in both the public and private sectors. The Branch provides grants to private agencies and self-help groups and offers consultation and support to facilities such as nursing homes and chronic care hospitals. Branch staff also play an active role in voluntary organizations which seek to develop services for the mentally ill and to increase public awareness of issues relating to mental health. Liaison with governmental as well as private agencies is sought at both regional and central levels.

Clinical Services

The primary role of the Branch continues to be the provision of direct and indirect clinical and consulting services for people of all ages. Services include: diagnostic and treatment services for community clients, inpatient services, consultation and support services to other community agencies, and assessment services for the courts.

Numbers of direct services are illustrated in Figure 10, page 54.

Services to Community Clients

The number of clients served in each region is indicated in Table 24, page 55. In 1983, 12,554 individuals and 505 families (13,049 total) registered as clients.

Numbers of services to registered individuals and families are given in Table 25, page 56. In 1983, a total of 131,136 individual and family contacts were reported. On average, each registered family and individual was seen ten times during the year. An additional 13,052 clinical services were provided to or on behalf of persons who were not registered as clients. In total, 144,188 recorded clinical services were provided by Branch staff.

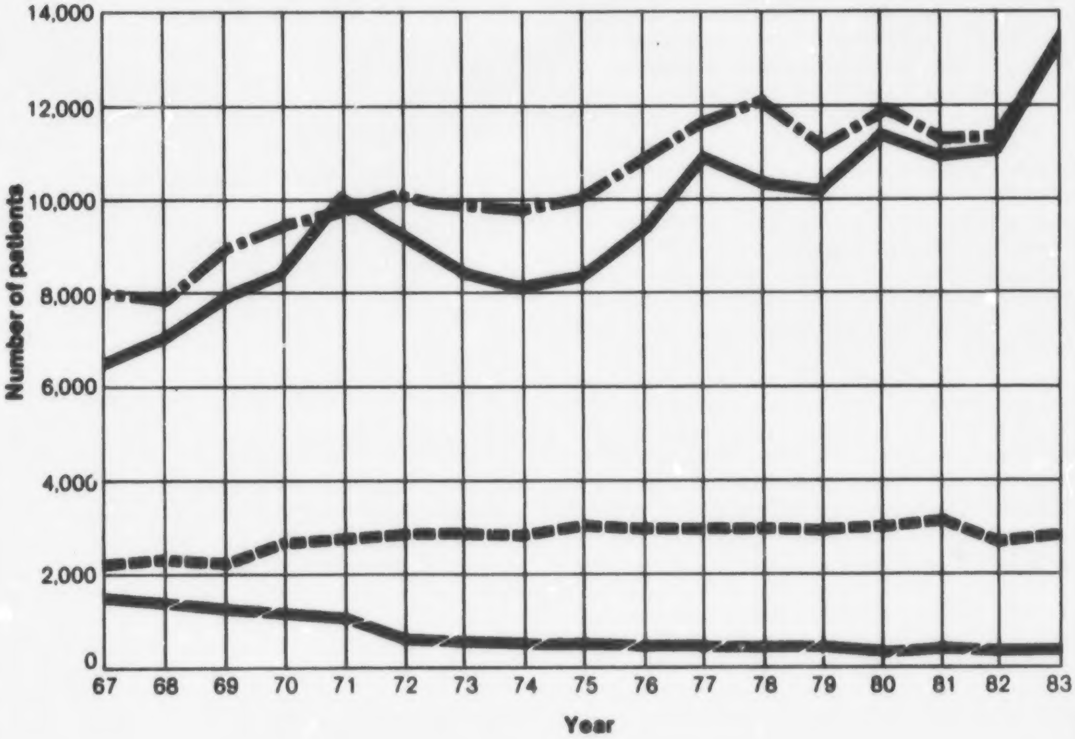
Inpatient Services

Regional inpatient statistics are summarized in Table 26, page 56. The number of patients in the Saskatchewan Hospital North Battleford declined over last year. However, most other inpatient facilities had more patients during the last year.

Persons who were admitted also spent longer in hospital than they had during the preceding year. The average lengths of stay of patients discharged from psychiatric wards of general hospitals, from psychiatric centres attached to general hospitals and from the Saskatchewan Hospital in 1983 were 20.2, 26.1 and 3,720.8 days respectively. The longer stay in the latter facility reflects the larger number of long-term inpatients which it treats.

In addition to the facilities operated by the Psychiatric Services Branch, there are designated inpatient units at City and University Hospitals in Saskatoon, and at Pasqua and Regina General Hospitals in Regina. (Responsibility for the psychiatric ward in the Regina General Hospital was transferred from the Branch to the Regina General Hospital Board in June 1981.) The Branch is not directly involved in the operation of these facilities. It does, however, participate in the appointment of medical officers in charge and in assuring that involuntarily admitted patients have access to appeal procedures. Branch staff also provide outpatient services to patients discharged from such facilities.

Figure 10. Changes in Psychiatric Service Patterns In Saskatchewan Between 1967 and 1983



Note: Prior to 1982, the inpatient unit in the Regina General Hospital was included in the figures.

Code:

Total Community Clients
Total Community Contacts Divided by Ten
Total Admissions to All Psychiatric Facilities
Inpatients: Average Daily Census

Table 24. Number of Community Clients* Served by Region, Psychiatric Services Branch, 1979 to 1983

Psychiatric region	1979	1980	1981	1982	1983
Total	11,129	11,944	11,324	11,407	13,049
Moose Jaw	795	719	683	721	800
North Battleford†					
— Saskatchewan Hospital	1,283	1,392	17	16	4
— Mental Health Centre			1,532	1,813	2,004
Prince Albert	2,065	2,271	2,148	2,078	2,261
Regina					
— Mental Health Clinic	1,209	1,265	1,235	1,172	1,735
— Child and Youth Services	805	982	861	965	1,172
Saskatoon					
— MacNeill Clinic	905	1,077	1,001	871	855
— Mental Health Clinic	1,036	1,326	1,186	1,245	1,456
Swift Current	600	651	603	611	639
Weyburn	1,016	872	827	801	895
Yorkton	1,415	1,389	1,231	1,114	1,228

* *Includes both adults and children.*

† *The two facilities located in North Battleford were combined prior to 1981.*

Support Services to Individuals and Families

Support is provided for individuals, families and community groups through the involvement of Psychiatric Services Branch staff. The Psychiatric Services Branch also encourages the development of community resources in cooperation and partnership with other public and private service delivery agencies, volunteers, consumer associations, professional organizations and individual practitioners. In this manner, community mental health services are delivered in the least costly and most effective way possible.

Major emphasis is placed on the creation of a wide range of diverse services to meet many different needs and which allow individuals to remain in their home communities and to keep their families intact.

Examples of such services are:

(a) home based programming — includes assessment, outpatient counselling and monitoring of medication by community mental health nurses;

(b) self-help groups;

(c) emotional support services — the services use a variety of intervention strategies such as crisis management and individual support to alleviate emotional strain and tension. This prevents further breakdown and facilitates rehabilitation;

(d) community friends — a program where community volunteers provide emotional support services in normal settings. This prevents breakdowns and facilitates the rehabilitation of the clients' social and emotional functioning;

(e) a variety of formal and informal companionship, leisure and social support networks — these networks provide friendship, encourage the appropriate use of leisure time and offer emotional support.

Table 25. Volume of Service Contacts* to Community Clients and Families by Region, Psychiatric Services Branch, 1979 to 1983

Psychiatric region	1979	1980	1981	1982	1983
Total	102,617	114,181	108,792	112,536	131,136
Moose Jaw	8,111	9,019	7,847	6,570	8,335
North Battleford†					
— Saskatchewan Hospital	12,798	15,722	165	169	17
— Mental Health Centre			23,263	29,052	30,335
Prince Albert	16,989	17,957	15,604	15,035	16,847
Regina					
— Mental Health Clinic	15,821	14,032	11,455	12,008	18,756
— Child and Youth Services	4,837	6,604	5,332	5,016	7,279
Saskatoon					
— MacNeill Clinic	5,462	7,574	7,282	5,714	4,864
— Mental Health Clinic	9,029	11,345	8,953	9,648	12,271
Swift Current	4,491	5,626	5,692	6,325	5,824
Weyburn	11,496	13,210	9,654	11,521	13,423
Yorkton	13,583	13,092	13,545	11,478	13,185

* *Includes both adults and children.*

† *The two facilities located in North Battleford were combined prior to 1981.*

Table 26. Movement of Inpatients in Psychiatric Facilities, Psychiatric Services Branch, 1983

	Psychiatric centres			Psychiatric units					
	Weyburn	Yorkton	Prince Albert	Union Moose Jaw	Union Swift Current	Union Battlefords	Sub-total psychiatric centres and units	Sask. Hospital North Battleford	Total
On books Jan. 1, 1983	35	35	38	16	10	40	174	208	382
In hospital	22	35	38	16	10	27	148	197	345
Trial leave, otherwise absent	13	0	0	0	0	13	26	11	37
Admissions during 1983	228	430	926	396	198	282	2,460	19	2,479
First admissions	78	155	317	143	162	153	1,008	10	1,018
Re-admissions	150	275	609	253	36	129	1,452	9	1,461
Separations during 1983	237	425	927	401	195	289	2,474	25	2,499
Discharges	237	425	924	401	195	288	2,470	15	2,485
Deaths	0	0	3	0	0	1	4	10	14
On books Dec. 31, 1983	26	40	37	11	13	33	160	202	362
In hospital	16	40	37	11	13	25	142	193	335
Trial leave, otherwise absent	10	0	0	0	0	8	18	9	27
Total number of patient days	10,364	14,748	17,345	5,823	4,831	9,106	62,217	73,351	135,568
Average daily census	28.4	40.4	47.5	16.0	13.2	24.9	170.4	201.0	371.4
Average length of stay	44.5	31.9	18.7	14.6	24.6	25.1	24.0	3,720.8	60.1

Table 27. Children Receiving Community Services by Region, Psychiatric Services Branch, 1979 to 1983*

Psychiatric region	1979	1980	1981	1982	1983
Total	2,859 (20,453)	3,204 (24,550)	2,906 (21,870)	2,850 (19,950)	3,314 (23,836)
Moose Jaw	102 (716)	85 (824)	71 (500)	82 (563)	125 (771)
North Battleford	200 (1,721)	229 (1,928)	299 (3,498)	412 (4,804)	497 (5,284)
Prince Albert	384 (2,395)	408 (3,144)	376 (2,551)	365 (2,292)	449 (2,899)
Regina					
— Mental Health Clinic	29 (240)	39 (232)	29 (155)	23 (117)	33 (150)
— Child and Youth Services	782 (4,742)	961 (6,433)	838 (5,201)	935 (4,836)	1,126 (7,099)
Saskatoon					
— MacNeill Clinic	777 (4,776)	890 (6,222)	801 (5,386)	665 (3,691)	632 (3,071)
— Mental Health Clinic	53 (340)	54 (364)	24 (248)	33 (200)	45 (242)
Swift Current	102 (983)	113 (1,405)	84 (675)	110 (1,025)	109 (928)
Weyburn	156 (2,394)	157 (1,872)	159 (1,492)	127 (1,779)	194 (2,449)
Yorkton	274 (2,146)	268 (2,126)	225 (2,164)	98 (643)	104 (943)

* *Numbers in parentheses indicate related contacts with children and their families.*

Table 28. Persons 65 Years of Age and Older Receiving Community Services by Region, Psychiatric Services Branch, 1981 to 1983*

	1981	1982	1983
Total	1,357 (13,138)	1,366 (13,200)	1,430 (15,170)
Moose Jaw	151 (1,826)	155 (1,392)	142 (1,760)
North Battleford	216 (2,535)	238 (2,660)	238 (2,919)
Prince Albert	237 (1,811)	217 (1,584)	214 (1,503)
Regina	103 (871)	100 (915)	134 (1,222)
Saskatoon	163 (992)	149 (1,147)	159 (1,604)
Swift Current	79 (737)	75 (778)	79 (768)
Weyburn	194 (1,679)	219 (2,324)	213 (2,666)
Yorkton	214 (2,687)	213 (2,400)	251 (2,728)

* *Numbers in parentheses indicate number of services*

Child and Youth Services

The Psychiatric Services Branch provides services to children and youth to enhance the mental health of both the child and family, to prevent handicapping conditions through early detection and structured intervention, and to reduce the impact of emotional and mental disorder. This is done through direct treatment and family support, and where necessary, through the least restrictive residential alternative. Coordination and consultation with other organizations serving children, youth and families are emphasized. This helps develop social networks and helps strengthen the response of communities.

Services are provided by multi-disciplinary professional teams in each mental health region. Specialized clinics in Regina and Saskatoon serve as major referral centres.

Services to the Elderly

In 1983, 12 per cent of the Saskatchewan population was 65 or older. During the next 20 years, there are expected to be about an additional 29,000 senior citizens. Of this senior population, 60 per cent will be 80 years or older and particularly vulnerable to mental and physical disorders.

Presently the Psychiatric Services Branch sees elderly patients roughly in proportion to their frequency in the population. For example, in 1983, 1,430 elderly outpatients were seen and there were 296 admissions to inpatient psychiatric centres.

As well as giving direct services to clients, the Psychiatric Services Branch provides consultation and advice to other agencies. The inclusion of Continuing Care in Saskatchewan Health in 1983 has facilitated a close relationship with this Branch regarding the management of clients with behavioural disorders who are cared for in special-care homes and Level 4 facilities.

In order to meet the special mental health service needs of the elderly, the Branch employs a consultant who provides support to regional staff.

The Director, Mental Health Services for the Elderly, provides a number of services involving:

1) public education — television and radio appearances to enhance public understanding of the elderly, particularly in relation to depression, dementia ("senility") and normal aging. Also, articles are written for such departmental projects as "Let's Talk Health";

2) advisory to special interest groups — he works closely with professionals and special interest groups such as the Saskatchewan Gerontology Association and the Saskatchewan Alzheimer's and Related Diseases Association;

3) professional writings — the Director attempts to increase public understanding by dissemination of professional articles, e.g. "Alzheimer's Disease — It's not just old age" written in November 1983 for Alzheimer Week;

4) health information telephone tapes — two subjects prepared in 1983 and made available to the public by HITT Line were Dementia (Senility) and Depression in Old Age;

5) advice on legislation relating to the elderly — the Director advises on the implication of new and proposed legislation for the elderly;

6) advice to national organizations — the Director advises a number of national organizations in relation to the elderly;

7) consultation — the Director provides medical advice to other doctors regarding mental health aspects of old age; and

8) university teaching — the Director has a university teaching appointment as Clinical Professor of Psychiatry and takes part in teaching interns, family doctors, university students, nurses and psychiatrists in order to increase professional understanding of the elderly.

Forensic Psychiatry

Forensic psychiatric services in Saskatchewan are requested by the courts. They are mainly provided by the Psychiatric Services Branch. All regions accept persons referred for assessment by the courts. Most assessments are conducted on an outpatient basis, some are undertaken in inpatient facilities while others take place in detention units and correctional centres. When maximum security facilities are required for assessment and psychiatric treatment, persons are referred to the Federal Government's Regional Psychiatric Centre in Saskatoon.

Treatment of Offenders

Many offenders charged under the Criminal Code receive mental health services. Treatment services are frequently recommended by the courts and may be made a condition of probation orders. A limited number of offenders are treated in the inpatient facilities operated by the Branch. When more security is required than an inpatient facility can reasonably provide, other facilities, such as the Regional Psychiatric Centre, are used.

Order-in-Council Patients

Some patients are detained in psychiatric and other treatment facilities under provisions of the Criminal Code. When persons are found "unfit to stand trial" or "not guilty by reason of insanity", they may be detained in custody under the authority of a warrant of the Lieutenant Governor of Saskatchewan (an Order-in-Council). During the year, two new warrants were issued and four patients were released from Order-in-Council status. The 20 persons in care on December 31, 1983 may be described as follows:

	Total	Male	Female
Total	20	18	2
Unfit to stand trial	8	8	0
Not guilty by reason of insanity	12	10	2

An Advisory Board of Review exists to review the status of all persons detained under Orders-in-Council. Two reviews are conducted each year and recommendations are forwarded to the Lieutenant Governor-in-Council.

Day Hospital, Rehabilitation and Vocational Services

Mental health problems are frequently caused, exacerbated or unnecessarily prolonged by a lack of meaningful day-time activities. The Branch provides occupational and recreational therapy programs in all regions. Day hospital services are available in all psychiatric centres and psychiatric units in general hospitals. In addition to Branch services, non-government agencies provide basic activities, life skills training, vocational training and sheltered employment through contractual arrangements or government grants.

Sheltered Workshops and Activity Centres

A sheltered workshop or activity centre is a work-oriented rehabilitation facility in which clients learn work skills and are involved in producing a wide variety of goods and services. There are 29 sheltered workshops and activity centres in Saskatchewan managed by community boards. Only a small percentage of the persons attending have a history of mental health problems. The Branch operates one workshop at Saskatchewan Hospital North Battleford.

Community Service Centres

The Psychiatric Services Branch provides the Mental Health Association in Saskatchewan with an annual grant to operate four community service centres located in Regina, Saskatoon, Moose Jaw and Weyburn. These centres provide clients with social, recreational and occupational opportunities. The Mental Health Association is also responsible for the Community Friends program. Other projects and services available through the Association include summer camps, training on the job, life skills training, job placements, social action, volunteer visiting and public education.

Self-Help Groups

The Psychiatric Services Branch has encouraged and been supportive of the development of self-help groups for persons with psychiatric disorders, recovering patients and family members. A number of such groups were newly formed or strengthened during 1982-83: By Ourselves, the Crocus Co-operative, SHARE, Agoraphobics Society, Friends of Schizophrenics, Alzheimer's Association and Societies for Autistic Children. A home-based family support program for autistic children funded by Psychiatric Services Branch and provided by the Society for the Promotion of Education and Activities in the Home (SPEACH) has been highly effective in reducing institutional placement of children with autism and related communication disorders.

Residential Services

For individuals who are in need of support and guidance in daily living, a continuum of residential services has been developed throughout the Province. Services include approved homes, group homes and treatment homes, as well as a supervised apartment living program. Payment for these services is on a fee-for-service basis using rates established under the Saskatchewan Assistance Plan.

Approved Homes

Family homes may be licensed under regulations in The Mental Health Act to provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved homes are used by Psychiatric Services Branch, Saskatchewan Health, and Core Services (Mental Retardation Program), Saskatchewan Social Services. These homes are examined periodically to ensure that acceptable physical standards and levels of care are being provided.

On December 31, 1983, there were 381 approved homes with a total approved capacity for 1,193 guests. Occupancy involved 937 residents.

Group Homes

Group homes are established by volunteer community boards. They offer a high staff/client ratio within a family type setting. There are 11 homes in operation throughout the Province: two each in Regina, Saskatoon and North Battleford regions and one in each of the remaining five Mental Health Regions.

Supervised Apartment Living

In conjunction with the establishment of Group Home Programs, two volunteer boards have also established pilot projects in supervised apartment living. There are now 18 apartments with 24 spaces in Regina and four apartments with four spaces in Saskatoon, adding another dimension to the total continuum of residential services in those regions.

Research, Education and Health Promotion

Research, education and health promotion are important activities supported by the Psychiatric Services Branch. The Research Division does basic and applied research aimed at gaining a better understanding of the nature of mental illness and the factors that give rise to mental and emotional disturbances. It also evaluates the effectiveness of services and service systems. For a complete description of the Research Division see below.

All regions are involved in professional education. As well as seeking to maintain and improve the skills of staff, the Branch provides training opportunities for students in most of the mental health professions.

Public education in the areas of mental health and mental illness is increasingly being viewed as an important part of regional programs. Efforts are being made to increase the emphasis given to mental health promotion and primary prevention through initiatives such as the Community Liaison Worker Program, which began in 1981 as a pilot project in the Swift Current region and continues to function successfully. The program employs local citizens in a number of small, rural communities to provide public information, referral and liaison with the Swift Current Mental Health Centre. The intention of the program is to improve service accessibility and continuity for rural residents, and to assist regional staff in defining and meeting community mental health education needs. The program was formally evaluated during 1982-83 and found to be highly beneficial at minimal cost.

Psychiatric Research

The Research Division has three sections, each of which reports to the Director of Research. The sections are: a Basic and Clinical Studies Section, an Analytic Mass Spectrometer Group and an Applied Studies Section. A program change to consolidate the Applied Studies capability in the Research Division within the Department of Health took place in late March 1983.

The Division generated 82 publications and presentations during the 1983-84 fiscal year. These included: 25 book chapters and review articles, 54 original papers, 2 reports and 1 thesis. Some 34 papers were also presented at national and international meetings. A complete list of publications can be obtained from the Psychiatric Services Branch, Psychiatric Research Division, CMR Building, University of Saskatchewan, Saskatoon.

During the past year, staff in the Research Division obtained more than $227,700 in funding from external agencies. More than $67,000 was awarded by the Medical Research Council for continuing studies of Cerebral Trace Amines. Continuing funding was also obtained from the National Health Research and Development Program for a large scale interdisciplinary study of biosocial predictors of mental illness.

In addition to their active involvement in research programs, many staff serve on the editorial boards of scientific journals, participate in the process of reviewing grant applications from funding agencies and serve in a number of capacities in professional and community organizations concerned with mental health and mental health research.

Finance

Revenue — Collections from Estates

Mental health services are provided without charge to Saskatchewan residents. However, The Mental Health Act states that a claim may be made upon the estate of a deceased person for care received in certain provincial institutions prior to May 1, 1979. The allowable claim is $5 per day of care. Certain beneficiaries of the estates residing in Saskatchewan are exempt from this claim, including father, mother, husband, wife, child, brother or sister. Other exemptions may be considered under certain circumstances defined in the legislation.

Table 29, page 61, shows the number of claims filed, the amount of the claims and the amount collected for the last five fiscal years.

Expenditures

Total provincial expenditures by Psychiatric Services Branch for the fiscal year ending March 31, 1984 amounted to $29,518,862. Of this amount, $28,414,578 was expended on mental health services and $1,104,284 on psychiatric research.

If expressed as a per capita cost for the entire provincial population, the expenditure made by Psychiatric Services Branch for mental health services, including research, was $29.42. This per capita cost does not include payments made by the Saskatchewan Medical Care Insurance Commission to psychiatrists and other physicians in private practice or university positions. This compares with a per capita cost for last year of $27.76.

Table 29. Collections from Estates, Psychiatric Services Branch, 1979-80 to 1983-84

Year	Number of claims	Value of claims	Amount collected
1979-80	34	$1,051,163.62	$317,027.63
1980-81	31	845,433.89	290,420.89
1981-82	26	905,821.28	285,745.25
1982-83	40	1,174,407.98	258,211.02
1983-84	36	1,088,322.95	335,714.00

Regional Highlights

Weyburn

The Weyburn Psychiatric Centre received a three-year accreditation.

The Mental Health Association's Weyburn Community Resource Centre received a grant from Saskatchewan Health in April 1983 to renovate their building to meet fire, health and safety standards.

Swift Current

A new Regional Director responsible for both mental health and community health services in the Swift Current region was appointed in December 1983.

Prince Albert

The Self-Help and Recreation Education Inc. (SHARE) was established as a non-profit, self-help organization for persons in Prince Albert with a history of mental illness.

North Battleford

The Saskatchewan Hospital North Battleford was reviewed by the Health Facilities Review Committee.

The Saskatchewan Hospital North Battleford received a two-year accreditation..

Saskatoon

Initiatives to improve crisis management services for difficult to serve persons in Saskatoon got underway under the auspices of the Saskatoon Crisis Intervention Society.

Yorkton

A computerized psychological assessment pilot project was introduced in the Yorkton region. Improvements were noted in patient participation and data collection.

Mental health professionals assisted in the founding and development of a number of community support groups.

Regina

Crisis management and intervention services for difficult to serve persons in Regina were expanded to include a training program for service providers, 24-hour crisis and hostel services, case follow-up, a supervised apartment living program and a six-bed rural residential rehabilitation facility known as Recovery Acres.

The Regina Mental Health Clinic undertook a major reorganization in 1983 and implemented a new service delivery system structure. The reorganization included changes in organizational structure, assignment of personnel and operation of the system.

Research

The Psychiatric Research Divison relocated in March 1983 to newly renovated facilities in the Cancer and Medical Research Building on the University of Saskatchewan grounds.

The sixth annual scientific meeting of the Canadian College of Neuropsychopharmacology was held in Saskatoon from May 25-27, 1983.

5. Continuing Care Branch

Overview

Continuing Care has overall responsibility for developing, administering and co-ordinating services for persons who are no longer able to live independently in their own homes. These individuals require a variety of support services depending upon the nature and extent of their disabilities. Consequently, Continuing Care is not a single program delivered by one agency. Rather, it is an umbrella of programs and services for the elderly and disabled, provided by a number of agencies and organizations.

The overall objective of Continuing Care is to promote the highest degree of functional independence (physical, mental and social) possible for those individuals requiring care. The goals of maintaining independence, not fostering dependence, of integrating service delivery and of ensuring that those in need of assistance receive required services are emphasized.

The major programs administered through Continuing Care are special-care homes and home care.

History

Continuing Care was established as the Continuing Care Division of Saskatchewan Social Services in 1981. The Division assumed responsibility for home care, special-care homes and senior activity centre programs. As well the Division became a focus within government for developing and co-ordinating services for the elderly.

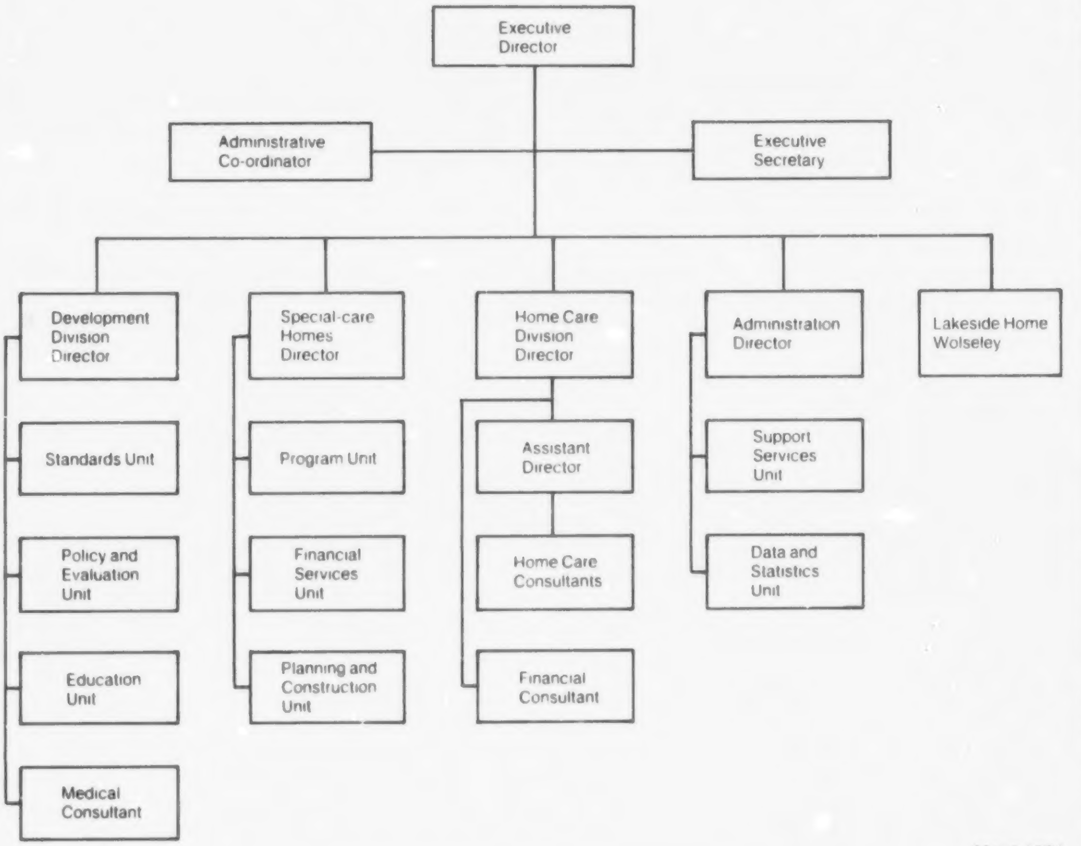
On July 1, 1981 responsibility for all long term care facilities was consolidated within Continuing Care. The Saskatchewan Hospital Services Plan, however, continued as the administrative agent for long term care programs in hospitals. Also at this time a uniform resident charge was established for all but the lightest care (level 1) resident. The resident charge was set at $390 per month. On January 1, 1983 the resident charge was increased to $417 per month. It was increased to $447 in December 1983 and to $453 in February 1984.

On April 1, 1983 the Continuing Care Division was transferred to Saskatchewan Health. Responsibility for the senior activity centre program remained with the Department of Social Services.

Organization

Continuing Care is divided into four divisions. Two divisions (Special-care Homes and Home Care) have direct program responsibility. The two other divisions (Administration and Development) provide specialized support services to the Branch and the Department. In addition the Lakeside Home in Wolseley is administered by Continuing Care. The Branch administrative structure is illustrated in Figure 11, page 64.

Figure 11. Organization of Continuing Care Branch


Executive Director
Administrative Co-ordinator
Executive Secretary
Development Division Director
Special-care Homes Director
Home Care Division Director
Administration Director
Lakeside Home Wolseley
Standards Unit
Policy and Evaluation Unit
Education Unit
Medical Consultant
Program Unit
Financial Services Unit
Planning and Construction Unit
Assistant Director
Home Care Consultants
Financial Consultant
Support Services Unit
Data and Statistics Unit

March 1984

Special-care Homes Division

The Special-care Homes Division has overall responsibility for long-term residential care services. This includes ensuring that there are sufficient resources, appropriate programs and adequate accommodation to meet the needs of provincial residents. The Division is responsible for monitoring quality of care and construction of special-care home facilities. The Division is also responsible for reviewing the budgets of special-care homes. The Division has a Program Unit, a Financial Services Unit and a Planning and Construction Unit.

Special-care homes provide long-term institutional care to people requiring level 1, 2, 3 and 4 care. Levels of care are defined as:

- level 1 — essentially independent
- level 2 — may need assistance with hygiene and grooming
- level 3 — basic nursing care: assistance may be needed in activities of daily living

- level 4 — all care is under continuing medical and continuing professional nursing supervision

Continuing Care licenses 138 special-care homes (including six level 4 facilities) with 8,634 beds. Eight hospitals, in larger centres (361 beds), also provide level 4 programs. Eighty-three community hospitals have 165 designated level 4 beds. In addition Continuing Care operates the Lakeside Home in Wolseley which has 70 beds.

In 1983-84 grants totalling $120,771,295 were made to special-care homes to assist them with operating costs. An additional $17,140,800 were paid via SHSP to local hospitals to fund their level 4 programs. Level 2, 3 and 4 residents pay a standard resident charge in special-care homes. Level 1 residents pay the full and actual costs of services as determined by the home. The Province pays about 80% of the operating costs of the homes.

Effective December 1, 1983 the Housing and Special-care Homes Care and Rates Regulations were amended to provide for quarterly adjustments to the standard resident charge. The charge was set so as to ensure all single residents would have at least $100 disposable income per month. The resident charge increases at the same rate of increase as maximum single rate Old Age Security/Guaranteed Income Supplement/Saskatchewan Income Plan payments. Increases in OAS and GIS are usually effective January 1, April 1, July 1 and October 1. The resident charge increase is effective one month later. By indexing the resident charge the disposable income of low income seniors in special-care homes also increases by the same percentage. The table below depicts the changes in resident charge rates since July 1, 1981.

Grants of 20 per cent of approved costs are provided for the construction or renovation of special-care homes owned by non-profit organizations. In 1983/84 136 new beds were built, and a further 121 beds were replaced. Construction grants totalled $2,376,724. (See Table 31, page 66).

Table 30. Special-care Homes Resident Charge and Minimum Resident Disposable Income in Special-care Homes, Saskatchewan.

Date	Maximum OAS/GIS/SIP	Resident charge	Minimum disposable income
July 1, 1981	$455.58	$390	$ 65.58
January 1, 1983	528.22	417	111.22
December 1, 1983	547.07	447	100.07
February 1, 1984	554.38	453	101.38

Table 31. Construction Grants for Special-care Homes, 1983-84

	Project	Grant
Assiniboia:	Assiniboia Pioneer Lodge Feasibility study	$ 3,587
Biggar:	Diamond Lodge Company Ltd. 12 additional beds and renovations	350,000
Broadview:	Broadview and District Centennial Lodge Inc. New 36 bed facility	9,499
Central Butte:	Central Butte and District Regency Manor Inc. New 30 bed facility	350,000
Cudworth:	Cudworth Nursing Home Installation of sprinkler system	14,000
Estevan:	Souris Valley Housing Upgrading of lodge	69,000
Herbert:	Herbert Nursing Home Inc. Replacement of 19 beds and upgrading	243,000
Herbert:	Herbert Senior Citizens Home Upgrading of sprinkler system, fire alarm system, and nurse call system	3,864
Humboldt:	Humboldt and District Housing Corporation Stand-by power plant and nursing station	22,618
Ituna:	Ituna and District Pioneer Lodge Stand-by power plant	10,300
Maidstone:	Pine Island Lodge Ltd. Upgrading of fire alarm system	3,300
Middle Lake:	Bethany Pioneer Village Replacement of 55 bed facility with new 36 bed facility	180,000
Moose Jaw:	Ina Grafton Gage Home Upgrading heating system	15,617
North Battleford:	The Battlefords River Heights Lodge Corp. Stand-by power plant	5,282
Ponteix:	Foyer St. Joseph Nursing Home Installation of walk-in cooler	2,704
Preeceville:	Preeceville Lions Housing Corporation 8 additional beds, 4 replacement beds, and renovations	19,800
Regina:	Regina Lutheran Home Nursing station, medication room and nurse call system in lodge	961
Regina:	Regina Pioneer Village Upgrading of dietary and administration areas	15,384
Saskatoon:	Central Haven Personal Care Home Stand-by power plant	7,572
Saskatoon:	Sherbrooke Community Centre Upgrading of fire alarm system	12,000
Spiritwood:	Idylwild Senior Citizens Lodge 15 new and 21 replacement beds	448,000
Stoughton:	New Hope Pioneer Lodge Incorporated Feasibility study	800
Unity:	Unimac Pioneers Lodge Roof replacement	18,685
Wakaw:	Lakeview Pioneer Lodge Replacement of 16 beds and upgrading	111,000
Watrous:	Manitou Lodge Replacement of roof and windows	88,000
Whitewood:	Whitewood and District Nursing Home Inc. New 30 bed facility	350,000
Wilkie:	Wilkie and District Centennial Nursing Home	12,351
Total		$2,376,724

Home Care Division

Through the Home Care Division the Branch co-ordinates the Saskatchewan Home Care Program. At March 31, 1984 all 45 home care districts in the Province south of the Northern Saskatchewan Administration Division were organized, and 44 districts were delivering services. A map of the home care districts will be found on page 68.

Each home care district is an incorporated autonomous organization administered by a community board which is geographically representative of the district. The Home Care Program provides four basic services: homemaking, home nursing, home maintenance, and meals. An individual's eligibility for help is based on an assessed need for service. The primary objective of the program is to assist individuals to remain independent in their own homes for as long as possible.

Each home care district is responsible for setting client fees. However there are a number of basic rules that apply to all districts:

- There are no fees for nursing.
- For the first $60 of service, only 50 per cent is charged back to the client.
- The maximum monthly charge is $250.
- Subsidies, based on income, are available for services in excess of $60 per month.

Annual grants are made to the home care districts as follows:

$42,800.00	block grant
13.36	per capita grant
12.22	per capita grant for seniors

The Branch paid out $13,987,456 to district boards for the provision of home care services in 1983-84. In addition, $2,655,462 was allocated to independent agencies providing home care services in areas of the Province where the Home Care Program was not operational.

Administration Division

The Administration Division provides support services to all Divisions of Continuing Care related to the development and implementation of fiscal policies and administrative activities. These services include budget preparation and control, asset management, management information services, centralized services and support services to the Branch generally. The Division has a Support Services Unit and a Data and Statistics Unit.

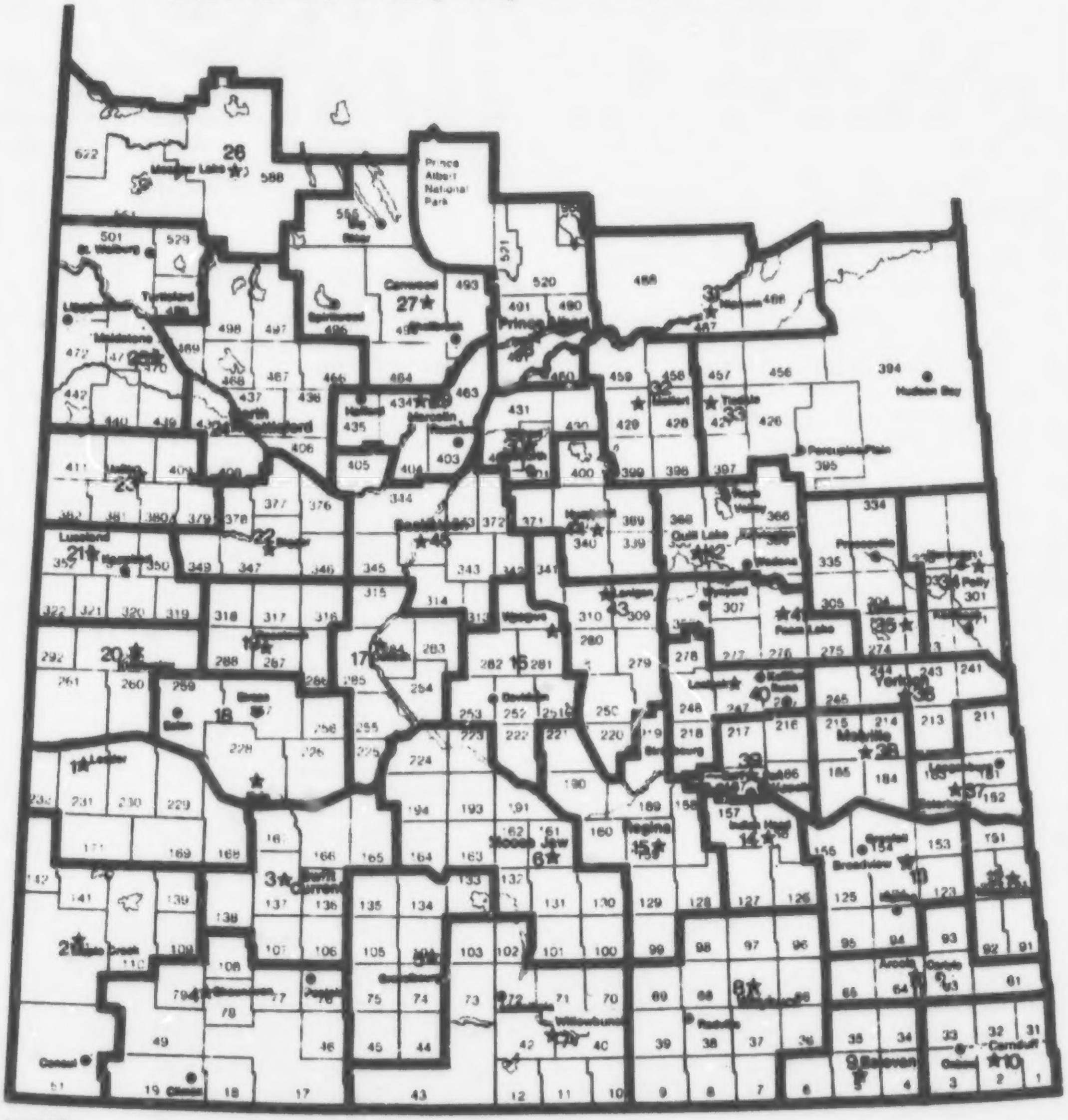
Development Division

Development Division provides support to all Divisions related to the development and evaluation of continuing care services. The Division provides training programs in conjunction with Home Care and Special-care Homes Divisions. It co-ordinates program development with other Departments and Agencies of government. The Division has a Standards Unit, a Policy and Evaluation Unit and an Education Unit.

Lakeside Home (Wolseley)

Lakeside Home is owned and operated by the provincial government through Continuing Care. The facility, which provides level 1, 2, 3 and 4 care, has 70 beds.

Figure 12. Saskatchewan Home Care Program District Boundary Map January 1, 1984


Prince Albert National Park
Prince Albert
Saskatoon
Regina
Moose Jaw
Swift Current
Hudson Bay
Porcupine Plain
Nipawin
Melfort
Tisdale
Yorkton
Melville
Estevan
Carnduff
Weyburn
Willowbunch
Consul
Climax
North Battleford
Lloydminster
Kindersley
Maple Creek
Quill Lake
Wadena
Humboldt
Lanigan
Watrous
Davidson
Indian Head
Broadview
Carlyle
Oxbow
Radville
Gravelbourg
Shaunavon
Assiniboia
Leader
Biggar
Rosetown
Outlook
Preeceville
Kamsack
Canora
Foam Lake
Spiritwood
Carrot River

Legend

★ Denotes District Office Location

1 — Sand Hills
2 — Grasslands
3 — Wheatland
4 — White Mud
5 — Wood River
6 — Thunder Creek
7 — South Country
8 — Weyburn and Area
9 — Estevan Area
10 — South East
11 — Cannington
12 — Moose Mountain Trail
13 — Pipestone Valley
14 — Squirrel Hills
15 — Wascana
16 — Watrous-Davidson
17 — Outlook and District
18 — Beechy-Eston
19 — Rosetown and District
20 — Wild Goose
21 — West Central
22 — Biggar and District
23 — Greenhead
24 — Battlefords and District
25 — Twin Rivers
26 — North-West
27 — Woodland
28 — Prince Albert Pineland
29 — Country Valley
30 — Wakaw-Cudworth
31 — Nipawin
32 — Melfort
33 — Pasquia
34 — Fort Pelly-Livingstone
35 — Canora
36 — Yorkton
37 — Potash Country
38 — Prairie Land
39 — Qu'Appelle Valley
40 — Touchwood Hills
41 — Yellowhead Emerald
42 — Quill Plains
43 — Lanigan
44 — Humboldt
45 — Saskatoon

Highlights, 1983-84

- Continuing Care is delivering services that promote and extend independent living. Adult day care programs, respite beds, heavy home care and other programs of this nature are being given priority. In this area Continuing Care is working with Saskatchewan Hospital Services Plan, Psychiatric Services Branch, and Community Health Services Branch. Branch expenditures for these services exceeded $200,000.

- Continuing Care is working towards the greater coordination of special-care home, home care, hospital and nursing services. A consultation process, which began in 1981, culminated in a series of ten public meetings in early 1983. The ultimate goal is to create district coordination committees throughout the Province.

- Continuing Care is assisting Saskatchewan Housing Corporation to establish an enriched housing program. This is a program for residents in self-contained housing requiring minimal support services. This program will fill the gap between independent living and special-care home accommodation.

- A review of home care funding was undertaken with a view to funding districts on a basis which better reflects local needs. At present, funding is on a per capita basis plus additional funding for people 65 years of age and over.

- Continuing Care became part of Saskatchewan Health in April, 1983.

- Pilot projects for clients with behaviour problems were approved.

- Consultation on a surplus sharing policy for non-profit special-care homes was initiated.

- A Home Care Policy Manual was completed and distributed following extensive consultation with home care districts.

- A process for reviewing district home care programs was initiated during 1983/84.

- An Administration Manual was completed and distributed following consultation with home care districts.

- A Trustee Manual for special-care home boards was developed.

- $1.7 million (annualized) was approved for staff and program enrichment for special-care homes.

- A regulation review committee was established to revise the Housing and Special-care Homes Regulations.

- A "surplus sharing" policy for home care was finalized.

- Consultations about the development of regulations for family care homes was initiated during 1983/84.

- A total of 197 beds was replaced or upgraded in special-care homes and 87 new beds were added.

Separate Annual Report

The Continuing Care Branches publishes a separate annual report. Copies are available from the Executive Director, Continuing Care Branch, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

6. Saskatchewan Dental Plan

History

Prior to 1945, no major government programs were established in Saskatchewan in the area of public dental health. In 1945, the newly formed Swift Current Health Region implemented a dental care program for children up to age 12. The second major initiative occurred in 1948 with the creation of the Dental Health Division of the Regional Health Services Branch, Department of Public Health. In 1965, dental hygienists and dental assistants were employed, with financial support from National Health Grant funds, to provide certain preventive services in selected areas of Saskatchewan. In 1967 a limited dental services program for children up to 16 years of age was initiated in northern Saskatchewan.

On September 1, 1970, a demonstration project to provide comprehensive dental care to children up to age 12 was initiated in the Oxbow School Unit in southeast Saskatchewan. The goal of the program was to assess the feasibility of using dental auxiliary personnel (dental nurses and dental assistants) to provide dental services to school children. A mobile dental clinic, staffed by one dentist, two dental nurses, three dental assistants and one secretary, provided services to four larger communities in the area. This project lasted for three years and demonstrated that high quality care could be provided by a program making use of dental auxiliary personnel. On the basis of the successful Oxbow project, the Government of Saskatchewan announced in March 1972 that a province-wide, school-based dental program would be established to provide comprehensive dental care to children between the ages of 3 and 12.

In the fall of 1972, in preparation for the introduction of this program, the government instituted a two-year educational program for dental nurses at the Wascana Institute of Applied Arts and Sciences, Regina. It was intended that the dental nurses, supported by dental assistants and under the supervision of a dentist, would provide the services of the Dental Plan by performing those duties conducted previously by dentists. The Saskatchewan Dental Nurses Board was established, under the provisions of The Saskatchewan Dental Nurses' Act, to formulate and to maintain rules for the licensing of dental nurses and to set standards of professional conduct.

Effective April 1, 1974, the Dental Health Division of the Regional Health Services Branch was reorganized and became an agency of Saskatchewan Health. On that date the Division became known as the Saskatchewan Dental Plan. The Dental Plan was charged with responsibility for administering the new dental care program.

The program commenced in September 1974, and children have been enrolled in the following manner:

Enrollment date	Date of birth
September, 1974	1968
September, 1975	1969, 1970
September, 1976	1967, 1971
September, 1977	1972
February, 1978	1973
September, 1978	1966, 1974
September, 1979	1975
September, 1980	1976
September, 1981	1977
September, 1983	1978

On July 1, 1981, The Saskatchewan Dental Nurses' Act was abolished and replaced by The Dental Therapists' Act. The Act provided for the following new measures — the establishment of the Saskatchewan Dental Therapists' Association, the replacement of the Saskatchewan Dental Nurses' Board by the Saskatchewan Dental Therapists' Council and the change of the name dental nurse to dental therapist.

Initially, dental services in the Swift Current Health Region were provided on behalf of the Saskatchewan Dental Plan by the Swift Current Regional Board. The Swift Current Dental Program was subsequently amended in 1975 and by 1981 only four age groups of children and adolescents remained in the program. Negotiations to transfer the responsibilities of the Swift Current Health Region Dental Program to the Saskatchewan Dental Plan were completed on September 1, 1981.

Children and adolescents enrolled in the Saskatchewan Dental Plan have been receiving dental care primarily in school dental clinics. However, upon leaving school these persons will be responsible for their own dental health and will need to seek care from a dentist in private practice. A bridging program has been developed in cooperation with the College of Dental Surgeons of Saskatchewan to encourage young people to make this transition. The program, which commenced September 1, 1981, provides for a number of adolescents 14 years and over, who are enrolled in the Dental Plan, to receive care in private dental offices. The Dental Plan pays the College of Dental Surgeons of Saskatchewan a fixed amount for each Dental Plan adolescent treated by private practice dentists. The College then pays the dentist for the services he provides.

Organization

The Saskatchewan Dental Plan consists of a central office in Regina and six regional offices. Each regional office consists of an administrator, clerical staff, supervising dentists, dental therapists, dental assistants and a dental equipment technician.

Responsibilities

The major responsibility of the Saskatchewan Dental Plan is to improve the level of dental health of eligible children and adolescents. Under the authority of The Dental Care Act, the Saskatchewan Dental Plan is achieving this goal by providing basic clinical treatment services and by teaching personal oral hygiene techniques.

Other Responsibilities

1. The Dental Plan provides consultation on provincial dental matters to other agencies such as the Northern Health Services Branch, Community Health Services Branch, Medical Care Insurance Commission, and the Federal Government.

2. The Dental Plan arranges for the provision of dental services in the Provincial Correctional Centres on behalf of the Department of Justice.

3. The Dental Plan administers the Supplementary Health Benefits Dental Program. In this capacity the Dental Plan summarizes unusual claims for review by the Dental Advisory Board; and processes approved claims for payment.

Highlights, 1983-84

- Children born in 1978 became eligible for enrollment in the Saskatchewan Dental Plan on September 1, 1983, with benefits available to children and adolescents born in the years 1967 – 1978 inclusive.

- As of March 31, 1984:
  - 160,877 children and adolescents were enrolled in the program and were under treatment;
  - approximately 29,500 adolescents were assigned to receive dental care from private practitioners;
  - percentage of adolescents assigned to private practitioners at March 31, 1984, by year of birth:

1967	81.3%
1968	77.3%
1969	65.9%

- The average cost per child for dental services provided during the 1982-83 school year was $91.88.

Separate Annual Report

Copies of program year reports (September 1 to August 31) for 1974-75 and subsequent years are available from the Executive Director, Saskatchewan Dental Plan, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

A September 1 to August 31 reporting period is used because dental care is delivered through clinics set up in schools. Consequently, the service year is more closely related to the school year than the fiscal year.

7. Saskatchewan Prescription Drug Plan

History

In 1961, the Royal Commission on Health Services, under Chairman Chief Justice Emmett M. Hall, recommended that a prescription drug program be instituted in Canada. The Commission expressed concern about pricing methods of the drug industry, the high cost of new drug products and the availability of drugs to all Canadians. In Saskatchewan, two separate studies reinforced the need for the establishment of a drug plan. In 1966, the Department of Public Health, in cooperation with the Saskatchewan Pharmaceutical Association, studied the cost of prescription drugs in Weyburn. This study demonstrated that the distribution of drug costs was uneven across the population of that city. One-half of all drug expenditures were borne by ten per cent of families in that particular area. A second study, completed in 1973, found a large variation in prescription prices in Saskatchewan. The report also presented evidence of substantial savings on drugs by the use of a formulary and bulk purchasing.

The Prescription Drugs Act was introduced to the Saskatchewan Legislature on April 17, 1974. The Prescription Drug Plan came into effect on September 1, 1975.

Objectives

The objectives of the Prescription Drug Plan are to:

- Reduce the direct cost of prescription drugs to Saskatchewan residents.
- Provide coverage of high quality therapeutically effective drugs.
- Reduce the cost of drug materials through quantity discounts and effective price competition.
- Encourage the rational use of prescription drugs.

Major Features

Eligibility

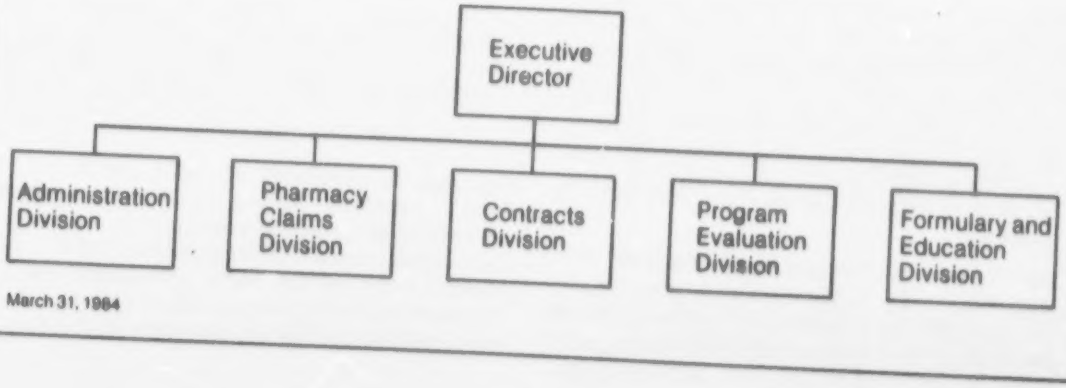
All Saskatchewan residents with a valid Health Services Card are eligible for coverage under the Drug Plan with the exception of those individuals who have prescription costs paid by federal or other provincial government agencies.

Consumer Cost

As of January 2, 1984, Saskatchewan residents pay a maximum of $3.95 for each prescription for drugs covered by the Prescription Drug Plan. The balance of the dispensing fee and the full cost of drug material is paid by the Drug Plan to the dispensing pharmacy.

Organization

Figure 13. Organization of the Prescription Drug Plan



March 31, 1984

Prescription Requirements

A prescription order from a physician or dentist is required for all drugs covered by the Drug Plan except for insulin and urine-testing agents used by diabetics.

Drug Coverage

All drugs listed in the Saskatchewan Formulary are covered by the Prescription Drug Plan. The Saskatchewan Formulary is a list of over 1,570 drug products. These products are high quality, valid therapeutic agents necessary for the diagnosis, prevention or treatment of mental and physical disorders. The Saskatchewan Formulary has been developed by the members of the Saskatchewan Formulary Committee. The Committee is comprised of representatives of physicians, pharmacists, pharmacologists and nurses appointed by the Minister of Health. In addition, the Drug Quality Assessment Committee inspects prescription drug manufacturing plants to ensure the high quality of drug products and evaluates the therapeutic effectiveness of the respective drugs. The Formulary is updated on January 1 and July 1 of each year.

Non-formulary drugs may be approved for coverage in certain circumstances under the "exception drug status" provision. A physician may apply to the Prescription Drug Plan for a drug to be covered under "exception drug status" if one of the following criteria has been met:

(a) The drug is ordinarily administered to hospital inpatients but is prescribed to a non-hospitalized patient because of unusual circumstances.

(b) The drug is not ordinarily prescribed or administered in Saskatchewan, but is being prescribed because the drug is required in the diagnosis or treatment of a patient with an illness, disability or condition found rarely in this Province.

(c) The drug is used infrequently, but preparations included in the formulary are contraindicated or found to be ineffective because of the particular clinical condition of the patient.

(d) The drug is a therapeutically effective over-the-counter (OTC) product normally available without prescription at reasonable cost but is required in a large quantity or for an extended period of time.

A separate request from a physician is required for each patient.

Out-of-Province

The Prescription Drug Plan pays only for drugs purchased from Saskatchewan pharmacies or from participating pharmacies located in certain Alberta and Manitoba communities bordering Saskatchewan.

Special Coverage

Certain categories of beneficiaries are entitled to Prescription Drug Plan benefits without paying the normal prescription charge:

(a) All Saskatchewan Assistance Plan recipients are entitled to receive the following drugs without charge: insulin, oral hypoglycemics, injectable vitamin B_{12}, and oral contraceptives. In addition, for these beneficiaries, allergenic extracts and products used in megavitamin therapy are paid by Saskatchewan Health, Medical Services Division. Other formulary products are available to these recipients at a reduced prescription charge.

(b) Saskatchewan Assistance Plan beneficiaries who are nominated on the basis of drug need and persons 18 years of age or under who are dependents of Saskatchewan Assistance Plan beneficiaries are entitled to obtain all drugs listed in the Saskatchewan Formulary without charge.

(c) Saskatchewan Assistance Plan recipients in nursing homes and in approved homes are entitled to obtain all drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Medical Services Division.

(d) Cystic fibrosis patients, paraplegics and chronic renal disease patients receive all disease-related drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Aids to Independent Living.

Joint Committee on Drug Utilization

The Joint Committee on Drug Utilization is responsible for conducting studies and identifying areas of concern related to drug utilization. The Committee makes recommendations to the Minister and to various health professional and regulatory bodies. It also provides information for use in education programs directed toward the general public and toward health professionals. The Committee is appointed by the Minister of Health and is composed of representatives from the Colleges of Medicine and Pharmacy of the University of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association, the Saskatchewan Pharmaceutical Association and the Prescription Drug Plan.

Product Interchangeability

Under the Prescription Drug Plan, pharmacists are expected to substitute lower priced products of equal quality in interchangeable drug categories in order to reduce the cost of the drug material. If a physician believes that a particular brand of drug is necessary for a particular patient, he or she must indicate "no substitution" on the prescription order. The pharmacist will then dispense the brand of drug specified by the physician.

Acquisition and Distribution of Drug Materials

The Drug Plan is not directly engaged in the purchase and distribution of drug products to pharmacies. This function is carried out by existing manufacturers, warehouse operators and wholesalers.

The prices listed in the Saskatchewan Formulary are determined through two methods: Standing Offer Contracts and Maximum Allowable Cost.

1. Standing Offer Contract (SOC)

An SOC is a contract between a manufacturer and the Drug Plan to supply certain drug products to approved wholesalers and warehouse operators at a contracted price. The wholesalers and warehouse operators, in turn, distribute the drugs to pharmacies.

The Saskatchewan Formulary Committee approves suppliers of particular drugs. All approved suppliers of that drug are invited to bid on a tender. An SOC is usually awarded to the supplier(s) who tenders the lowest price.

In some cases, Standing Offer Contracts are used to obtain quantity discounts for drug products which are supplied by a single manufacturer.

2. Maximum Allowable Cost (MAC)

The MAC method is used where the volume required of a particular drug is not sufficient to establish a Standing Offer Contract. Drug manufacturers must provide guaranteed maximum prices for each drug they have listed in the Saskatchewan Formulary. When a drug is listed in an interchangeable category, the Drug Plan will reimburse the pharmacy for its acquisition cost up to the lowest guaranteed price in the Saskatchewan Formulary for drugs in that interchangeable category.

Through its formulary system and drug acquisition policy, the Prescription Drug Plan has substantially reduced the costs of drug materials. As a result, Saskatchewan has achieved highly competitive drug prices.

Diabetic Policy

Diabetics do not require a physician's prescription to obtain insulin and urine-testing agents as benefits under the Prescription Drug Plan. A diabetic pays a maximum prescription charge of $1.00 for each package of insulin or urine-testing agent.

Oxygen Policy

Medical oxygen must be prescribed in order to be a benefit under the Drug Plan and may be obtained from any approved Saskatchewan distributor of medical oxygen. The Prescription Drug Plan pays for the cost of the oxygen plus the transportation cost to a local distributor. The patient pays local transportation costs and the cost of the cylinder rental.

Nutritional Supplements Policy

Certain nutritional products may be covered by the Prescription Drug Plan on "exception drug status" when certain disease states do not permit the utilization of food. The request for coverage must be made by the prescribing physician. If coverage is approved, the Prescription Drug Plan will reimburse the patient for 70 per cent of the nutritional supplement cost in excess of the first $100.

Auxiliary Services

The Prescription Drug Plan does not cover the cost of deliveries, mailing and after hour drug services. The pharmacist may charge the customer for these services at his or her discretion.

Participating Pharmacies

As of March 31, 1984, 356 pharmacies were participating in the Prescription Drug Plan:

Total	356
In-province	305
Dispensing doctors	19
Out-of-province	32

Separate Annual Report

The Saskatchewan Prescription Drug Plan will publish an Annual Report for the fiscal year 1983-84. It will be available from the Executive Director, Saskatchewan Prescription Drug Plan, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

8. Ambulance Services Unit

Road Ambulance Services

The Department of Health has been responsible for the licensing and regulation of ambulance services since 1946. Provincial funds for ambulance services were first made available in 1978. The Departments of Urban and Rural Affairs made per capita grants to municipalities through the Municipal Road Ambulance Program.

In 1982 the Ambulance Review Committee was established to review the entire ambulance program. The Committee recommended the regulatory and funding functions be combined in the Department of Health. Thus, the Ambulance Services Unit was formed on April 1, 1983. The consolidation of ambulance services in Health recognizes that ambulance services should be an equal member in the health care community in Saskatchewan. The Ambulance Services Unit has also assumed responsibility for the air ambulance program, and acts as the lead agency in the Department of Health for emergency planning.

There are 105 ambulance districts in Saskatchewan. Each district has a board with representatives from participating municipalities. Ambulance boards are responsible for providing ambulance services in their district and for setting patient charges. Some boards provide ambulance services through a publicly operated service. Others establish a contract with a private operator.

The Ambulance Services Unit is based in Regina. However, three ambulance consultants travel throughout the Province to make vehicle and equipment inspections, and to provide advice to ambulance boards and operators.

Air Ambulance Service

Since 1946, the Air Ambulance Service has transported patients, in medical emergencies, from small towns and villages with air strips to urban medical centres, both inside and outside the Province. A total of 27,892 patients have been transported since the inception of the Air Ambulance Program to March 31, 1984. This includes 27,052 flights and 14 468 674 kilometres travelled, with no record of injury to either crew or passengers during any of the flights. Service is offered on a 24 hour a day, 365 day a year basis.

Saskatchewan Health negotiates the standard or level of service required for air ambulances with the Central Vehicle Agency of Saskatchewan Supply and Services. That agency provides the Air Ambulance Service, charging the Health Department on a cost-per-kilometre basis. The general administration of the service is handled by the Ambulance Services Unit.

The following tables compare patient, flight and distance statistics for the Air Ambulance Program for the past two years.

The number of patients carried will not necessarily be the same as the number of flights recorded because occasionally more than one patient is carried per flight.

A flat rate of $140 charged to patients flown within Saskatchewan, regardless of distance, has been in effect since June 1, 1979.

The charge for out-of-province flights of 62.5 cents per kilometre flown, based on round trip distance, has been in effect since June 1, 1979.

Cost and financing of the Air Ambulance Service for the past two years are shown in Table 37, page 78.

Table 32. Provincial Grants to Ambulance District Boards 1982-83 and 1983-84

	1982-83	1983-84
Total grants	$3,782,000	$4.1 Million (annualized cost)

Table 33. Road Ambulance Services, Saskatchewan, 1982-83 and 1983-84

Statistics	1982-83	1983-84
Number of licensed ambulance services	101	106
Number of licensed ambulance vehicles	169	180

Table 34. Number of Patients Carried and Number of Flights, Saskatchewan Air Ambulance Services, 1982-83 and 1983-84

Type of craft*	Number of patients 1982-83	Number of patients 1983-84	Number of flights 1982-83	Number of flights 1983-84
Air ambulance aircraft	490	450	445	411
Regina based aircraft	18	34	18	34
Charter aircraft	13	8	12	9
Total	521	492	475	454

* *The fully equipped ambulance aircraft and crew is located in Saskatoon. Government-owned aircraft in Regina serve as a back-up in emergency situations. Charter services may also be utilized if the situation warrants.*

Table 35. Location of Flights, Saskatchewan Air Ambulance Services, 1982-83 and 1983-84

Location of flights	Number of patients 1982-83	Number of patients 1983-84	Number of flights 1982-83	Number of flights 1983-84
In Saskatchewan	489	436	443	400
Outside Saskatchewan	33	56	32	54
Total	521	492	475	454

Table 36. Distances Flown, Saskatchewan Air Ambulance Services (including Chartered Aircraft), 1982-83 and 1983-84

	1982-83	1983-84
Average kilometres per round trip	828	852
Number of kilometres flown	392 167	386 721
Number of flights not completed*	65	8

* *Flights not completed due to unsuitable or hazardous landing situations, weather conditions, death of patients, etc.*

Table 37. Provincial Expenditures and Revenues, Saskatchewan Air Ambulance Services, 1982-83 and 1983-84

	1982-83	1983-84
Provincial expenditure	$506,463	$685,018
Less: Provincial revenue	213,136	263,725
Net provincial cost	293,327	421,293

Emergency Health Services

Ambulance Services assists the Saskatchewan Hospital Services Plan in developing hospital disaster plan guidelines and in exercising hospital disaster plans. Ambulance Services is also responsible for maintaining and distributing medical supplies and equipment provided to the Province by Health and Welfare Canada. They also designate people to attend federal Community Emergency Disaster Planning training programs.

Emergency health supplies are positioned in 64 locations throughout the Province to supplement existing medical services in the event of disasters. These supply units include the following:

— Hospital Disaster Supplies: These are issued to existing hospitals to help care for large numbers of casualties resulting from a disaster.

— 200-Bed Emergency Hospitals: These are mobile hospitals intended to function independently but whose supplies and facilities may also be used to expand the capability of an existing hospital.

— Advanced Treatment Centres: These are mobile clinics to provide professional sorting of casualties after rescue.

— Casualty Collecting Units: These units are designed to provide first aid treatment at a disaster site and to direct casualty movement to treatment centres.

— Blood Donor Packs: These ensure that hospitals will have a larger capacity for providing whole blood for seriously injured casualties.

— All Purpose Medical Clinics: These clinics are intended to provide lifesaving care to seriously injured persons close to the scene of a disaster.

During 1983-84, 23 people attended courses on emergency preparedness training. Table 38, page 79 summarizes the status of mobile and static emergency health supplies in the Province in 1983-84.

Table 38. Emergency Health Supplies, Saskatchewan, 1983-84

Emergency health supplies*	Number	Location highlights
Hospital disaster supply kit**	190	Located throughout the Province in 40 hospitals.
Emergency hospital***	7	Moose Jaw, Prince Albert, Regina, Swift Current, Saskatoon, North Battleford, Yorkton.
Casualty collecting unit†	19	Units are sub-divided to provide coverage at 42 locations.
Advanced treatment centre‡	8	Located throughout the Province.
Blood donor pack†††	12	Located throughout the Province.
All purpose medical clinic	5	Weyburn, North Battleford, Swift Current, Regina, Saskatoon.

** Standards are set by Emergency Health Services, Health and Welfare Canada.*

*** Hospital disaster supply kits are issued, on request, to hospitals as approved by Emergency Health Services, Health and Welfare Canada.*

**** Portable emergency hospital units are located to reinforce the life-saving surgical capabilities of existing hospitals in a disaster situation.*

† Each casualty collecting unit can provide rescue and first aid treatment for 500 casualties.

‡ Each advanced treatment centre contains over two tons of medical supplies and equipment to assist in treating shock, hemorrhage, infection, pain and breathing difficulties.

††† A blood donor pack is capable of collecting 100 bottles of blood.

9. Saskatchewan Hospital Services Plan

History

Documents show that a prepaid hospital insurance plan was operating in the Northwest Territories as early as 1889. During the next 58 years many local hospital insurance plans were implemented by municipalities and health regions in Saskatchewan with the Provincial health department involved primarily in the area of hospital standards [illegible] enactment of The Union Hospital Act of 1916 encouraged municipalities too [illegible] finance their own hospital to combine their [illegible] to support one hospital which would serve several municipalities.

These developments were followed by the enactment in 1946 of The Saskatchewan Hospitalization Act, which gave Saskatchewan universal hospital care insurance on a Province-wide basis, effective January 1, 1947.

Major Responsibilities of the Plan

1. To register residents as beneficiaries of Saskatchewan health programs through the issue of Health Services cards.

2. To fund hospitals at a rate approved by the Plan for health care provided to beneficiaries.

3. To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

4. To authorize the expansion, improvement or addition of programs in hospitals.

5. To provide planning and financial assistance for hospital construction.

Other Responsibilities

1. To arrange, under the terms of The Hospital Revenue Act for municipalities in the Province not subject to taxation for hospital support purposes, contributions equivalent to two mills or more on their equalized municipal tax assessment for subsequent distribution to eligible hospitals.

2. To provide consultative service to:

   (a) municipalities in forming new Union Hospital Districts,

   (b) Union Hospital Districts in altering the composition of the district, dissolving a district or amalgamating two or more existing districts, and

   (c) Union Hospital Boards in conducting the general affairs of Union Hospital Districts.

3. To fund other approved facilities for insured services provided to beneficiaries.

4. To provide a limited custom data processing service to other government agencies.

5. To fund community clinics and to make payments for medical services rendered under an agreement whereby the Saskatchewan Hospital Services Plan acts as an agent for the Saskatchewan Medical Care Insurance Commission.

6. To provide planning and financial assistance for the development and operation of community health and social centres.

7. To make disbursements from the Clinical Services Fund, which funds certain service related areas in the medical education system.

Major Features of the Plan

Eligibility

New residents entering Saskatchewan from other parts of Canada are provided benefits from the first day of the third month following the date of establishing residence in the Province and registering with the Plan.

Benefits

In-province benefits provided by the Plan include inpatient care at standard ward level in acute care hospitals, outpatient services to the level that individual hospitals and certain approved outpatient facilities are able to provide and physical therapy services provided by facilities which have an agreement with Saskatchewan Health.

There are no restrictions on benefits due to age or pre-existing health conditions.

The Plan also provides benefits for services provided by hospitals elsewhere in Canada, including standard ward care at rates established by the Province in which services are received and payment for outpatient services rendered that are a benefit within Saskatchewan. Authorized charges or utilization fees levied by the Province in which the hospital is located are the responsibility of the individual patient.

Outside Canada payment (Canadian funds) will be made by the Plan for all authorized services provided by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceding year.

For treatment unavailable in Canada, all fair and reasonable charges plus exchange will be paid provided the treatment was approved by the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Extended Care

Effective July 1, 1981 the Department of Social Services, Continuing Care Division, assumed responsibility for the provision of extended care (Level 4) services in all regional Level 4 facilities, excluding community hospitals. This responsibility was reassigned to Saskatchewan Health April 1, 1983.

As of March 31, 1984, there were nine regional Level 4 facilities in the Province providing 1,177 beds. General hospitals located in communities without a Level 4 facility are each allowed the option of allocating two beds for Level 4b patients (patients requiring skilled nursing care and specialized techniques to arrest or retard deterioration). As of March 31, 1984, 160 beds were available under this program.

Physical Therapy Services

Privately owned physical therapy facilities that have entered into a contractual agreement with the Minister of Health provide physical therapy services as a benefit of the Plan.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation was established in August 1979 and replaced the Saskatchewan Cancer Commission.

The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The Clinics are responsible for the consolidation and co-ordination of the Saskatchewan cancer program. In 1983-84 the Saskatchewan Hospital Services Plan administered an appropriation of $14,353,800 for cancer services.

The Foundation publishes its own annual report, which is available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Ave., Regina, S4S 6X3.

Community Clinics

During 1983-84 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. These facilities are consumer-oriented clinics operated by co-operative health associations and their elected board of directors and offer a wide range of health services. The board enters into agreements with general physicians and specialists for the provision of medical services. The association provides facilities and equipment required to operate the clinic. The operating budgets of the clinics are provided by the Plan.

Community Health and Social Centres

As of March 31, 1984 eleven community health and social centres were in operation in the centres of Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Quill Lake, Raymore, Strasbourg, Willow Bunch and Zenon Park.

These facilities receive funding from both Saskatchewan Health and Saskatchewan Social Services. The basic components of their program are:

(a) outpatient diagnostic and treatment services based on a regular visiting physician service,

(b) an on-call nurse to provide 24-hour emergency service,

(c) a home care program,

(d) a social activity program primarily for elderly people, and

(e) regional social services.

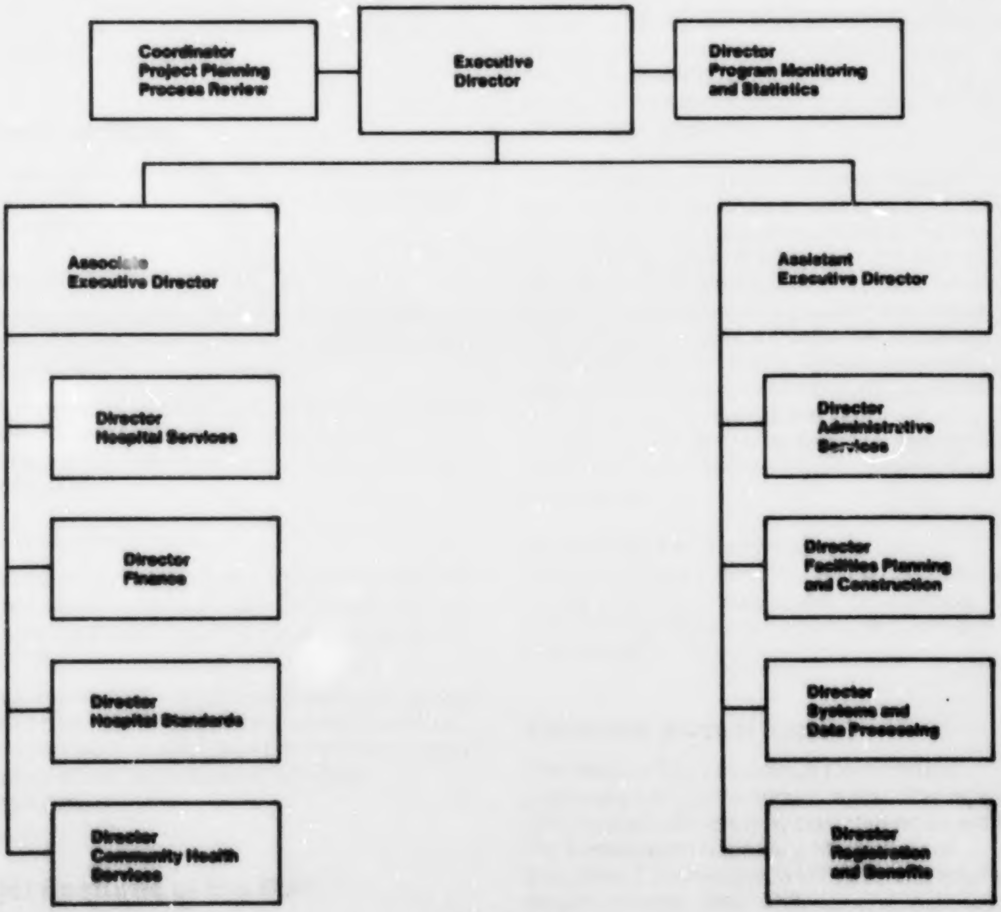
Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund, administered by the Ministers' Advisory Committee on Service Funding. The Committee is appointed by the Ministers of Health and Advanced Education and Manpower and includes representatives of Saskatchewan Health, Advanced Education and Manpower, Saskatchewan Finance and the Saskatchewan Universities Commission.

The Clinical Services Fund finances postgraduate education of interns and residents. It also funds the service component of the salaries of certain faculty members of the College of Medicine and some other service-related projects associated with medical education.

In 1983-84 the Saskatchewan Hospital Services Plan disbursed $9,947,700 from the Clinical Services Fund.

Figure 14. Organization of Saskatchewan Hospital Services Plan


Coordinator Project Planning Process Review
Executive Director
Director Program Monitoring and Statistics
Associate Executive Director
Assistant Executive Director
Director Hospital Services
Director Finance
Director Hospital Standards
Director Community Health Services
Director Administrative Services
Director Facilities Planning and Construction
Director Systems and Data Processing
Director Registration and Benefits

March 31, 1984

Highlights for 1983-84

Mr. W. F. Roger was appointed Executive Director.

Mr. E. H. Wright was appointed Associate Executive Director.

Funding enrichments provided for Patient Education program: Respite Care; Adult Day Care and Well-Elderly Clinics; Community Alarm and Support Systems, as well as Cardiac Services in Regina.

A 4-bed Paediatric Intensive Care Unit at University Hospital was opened.

St. Paul's and City Hospitals, Sasktoon, received special supplemmental funding to allow for waiting list reduction measures to be introduced.

Package 2, a $20 million extension to the Pasqua Hospital, Regina, was completed.

A new 8-bed hospital at Cut Knife, costing $1,145,000, was completed.

An energy efficient laundry was opened in Regina in September 1983.

Separate Annual Report

The Saskatchewan Hospital Services Plan (SHSP) publishes a separate annual report. This report provides details of the Plan together with statistical and financial data. Copies are available from the Executive Director, Saskatchewan Hospital Services Plan, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

10. Saskatchewan Medical Care Insurance Plan

Introduction

The Saskatchewan Medical Care Insurance Plan is responsible for the provision of a wide range of medical benefits to residents of the Province. The Plan was inaugurated on July 1, 1962 and operates under the authority of The Saskatchewan Medical Care Insurance Act, 1961.

Administration

The Plan is administered by a Commission consisting of a minimum of seven and a maximum of eleven members appointed by the Lieutenant Governor-in-Council. Two of the Commissioners are nominated by the Saskatchewan Medical Association and one by the Dean of Medicine, University of Saskatchewan. The remaining Commission members represent many disciplines and areas of residence.

Responsibilities

Regulatory powers are divided between the Lieutenant Governor-in-Council and Commission on the following basis:

1. Lieutenant Governor-in-Council Powers

— all issues pertaining to the nature and range of benefits administered by the Plan, as well as those matters having fiscal implications.

The Lieutenant Governor-in-Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

2. Commission Powers

— all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

Before making any regulations altering the general rates of payment for physician-insured services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Major Features of the Plan

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied. Persons may register by contacting the Saskatchewan Hospital Services Plan or secretaries of towns, villages and rural municipalities.

New residents to Saskatchewan are required to register for, and are provided with, benefits from the first day of the third calendar month following the date they establish residence in the Province.

Special residents such as landed immigrants and discharged members of the Canadian Forces who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive benefits from the date they establish residence in Saskatchewan.

Residents who are members of the Canadian Forces or the Royal Canadian Mounted Police and the inmates of federal penitentiaries are not eligible for benefits under the Plan. They are entitled to receive medical care under federal government programs.

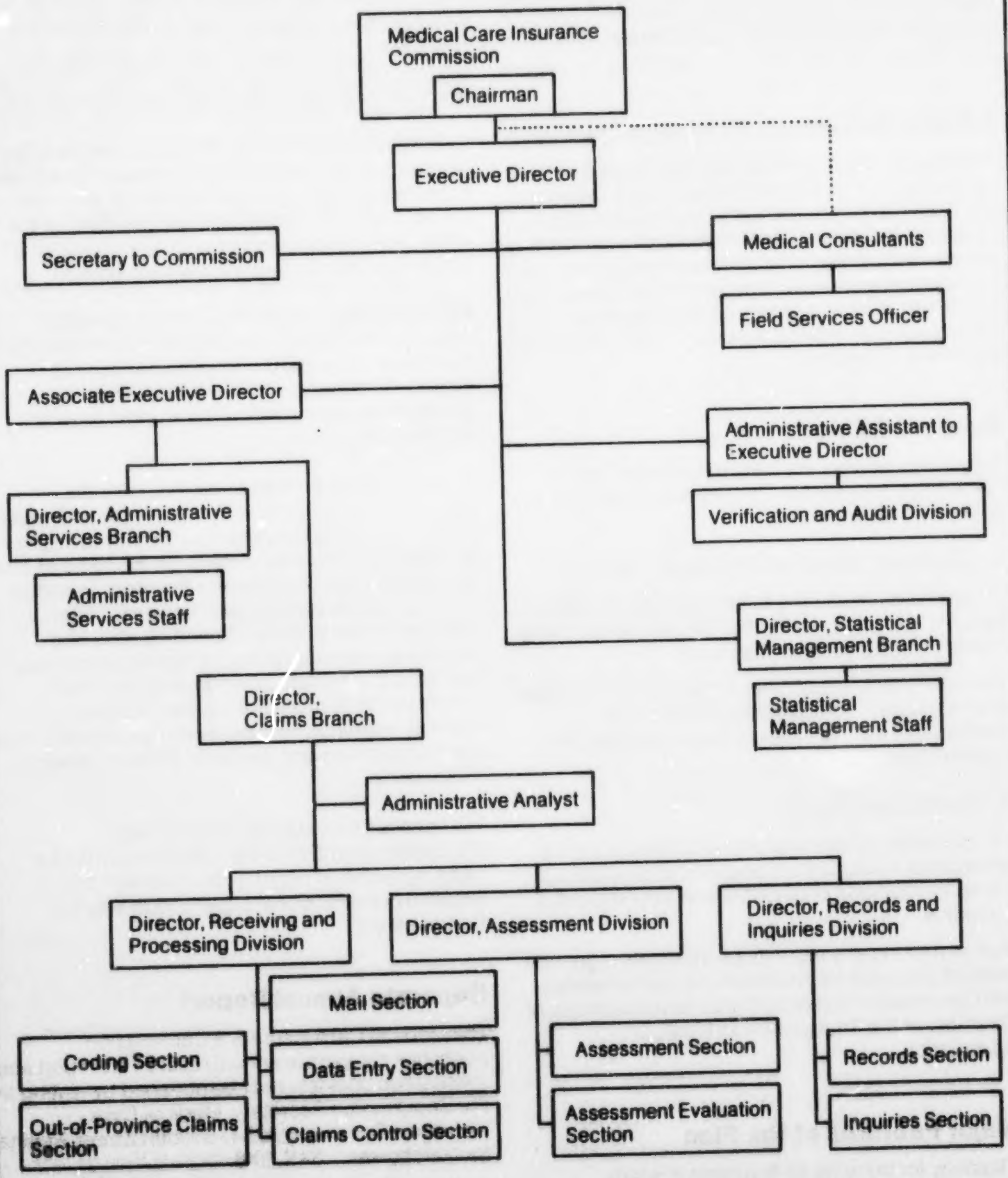
A beneficiary is entitled to receive benefits, generally at Saskatchewan rates, for most insured services provided anywhere in the world. Payment for physician services is made on the basis of 100 per cent of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

For services provided by optometrists, chiropractors and dentists, payment is made at rates agreed to in negotiations between the respective professional organization and the Commission.

Separate Annual Report

The Medical Care Insurance Commission publishes a separate annual report. This report and information booklets may be obtained by writing to the Commission Secretary, Medical Care Insurance Commission, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

Figure 15. Organization of Saskatchewan Medical Care Insurance Commission


Medical Care Insurance Commission
Chairman
Executive Director
Secretary to Commission
Medical Consultants
Field Services Officer
Associate Executive Director
Administrative Assistant to Executive Director
Verification and Audit Division
Director, Administrative Services Branch
Administrative Services Staff
Director, Statistical Management Branch
Statistical Management Staff
Director, Claims Branch
Administrative Analyst
Director, Receiving and Processing Division
Director, Assessment Division
Director, Records and Inquiries Division
Mail Section
Coding Section
Data Entry Section
Out-of-Province Claims Section
Claims Control Section
Assessment Section
Assessment Evaluation Section
Records Section
Inquiries Section

March 31, 1984

11. Saskatchewan Alcoholism Commission

History

The Bureau on Alcoholism, which preceded the Saskatchewan Alcoholism Commission, was established in 1953 under the administration of the Department of Social Welfare and Rehabilitation. Reflecting a growing perception of alcoholism as a health problem with social implications, responsibility for the Bureau was shifted to the Department of Public Health during the 1965-66 fiscal year. In July 1967, the Culliton Report (Report of the Special Committee on Alcoholism to the Minister of Public Health) recommended the establishment of a commission on alcoholism and, as a result of this report, The Alcoholism Commission of Saskatchewan Act was passed in 1968.

Historical Developments

1969 — funding of Myers House, Regina (a residence for clients attending the Regina Rehabilitation Centre) and Hope Haven, Saskatoon (a halfway house which is now called Crysler Residence).

1972 — establishment of Calder Rehabilitation Centre, Saskatoon. Initial funding of the Native Alcohol Council Rehabilitation Centre (NAC) in Prince Albert; the Core Fieldwork Program (a community service program aimed to provide education, assessment, referral and follow-up services to Saskatchewan Natives) as well as a detoxication program in Saskatoon (Larson House).

1973 — establishment of NAC Rehabilitation Centre, Saskatoon.

1974 — Community Services Division established. Establishment of NAC Rehabilitation Centre, Regina.

1975 — funding of detoxication centres in Moose Jaw (Angus Campbell Centre), Lloydminster (Thorpe Recovery Centre) and establishment of Gusway-Gerry Residence, Regina.

1979 — funding of out-patient centres in Prince Albert (Prince Albert Council on Alcohol and Drug Abuse), Yorkton (Parkland Alcohol and Drug Abuse Society) and Kindersley (Danny Fisher Centre).

1980 — transfer of NAC Rehabilitation Centres from per diem funding to grant funding. Establishment of NAC out-patient centres in Prince Albert and Regina. Initiation of Impaired Driver Treatment Program and opening of St. Louis Alcoholism Rehabilitation Centre.

1981 — transfer of Larson House, Gusway-Gerry and Crysler Residence from per diem to grant funding. Establishment of out-patient centres in Melfort (Northeast Council on Alcohol and Drug Abuse) and North Battleford (Battleford's Alcohol and Drug Abuse Council).

1982 — relocation and opening of new Myers House, Regina. Realignment of alcohol programs from the Department of Northern Saskatchewan to the Alcoholism Commission. Reorganizaton of the Commission into Regional and Provincial Services was implemented.

1983 — transfer from per diem to grant funding for Ile a la Crosse Rehabilitation Centre and Sandy Bay out-patient centre. Initiation of grants to La Loche out-patient service (Clearwater Alcohol Rehabilitation and Education Centre, Inc.) and Cumberland House drop-in facility (Pine Island Crisis Centre, Inc.).

Legislative Authority

The Alcoholism Commission operates under the authority of The Alcoholism Commission of Saskatchewan Act (R.S.S. 1978). The Act provides for at least eight and not more than twelve Commission members appointed by the Lieutenant Governor-in-Council. The members of the Board are appointed from throughout the Province and represent many disciplines.

The Saskatchewan Alcoholism Commission was created to address matters of addiction to alcohol and other drugs and is charged with giving leadership in research, prevention and treatment in the addictions field. The purpose of the Commission, therefore, is to reduce the incidence and prevalence of alcohol and other drug abuse in Saskatchewan.

Objectives of the Commission

1. To promote greater community awareness of the dimensions of the problem with a view to community action as well as foster and maintain healthy attitudes and behaviour patterns of the general population so as to reduce the risk of problems with alcohol and other drug use.

2. To provide early intervention into abuse of alcohol and other drugs by the population at risk so as to reduce the social and emotional costs of current behaviour and promote healthier lifestyles.

3. To assist, through community-based programs and co-operation with the social and legal systems, alcoholic and other chemically dependent persons, their families and associates to cease current problematic behaviour and avoid recurrence of such behaviour.

4. To increase awareness of the resources and alternatives available in Saskatchewan to deal with the problems relating to alcohol and/or other drug use, abuse and dependency.

Grants and Contracts

In 1983-84, the Commission provided grants and contracts totalling $3,421,053 for services provided by the following agencies:

Detoxication Facilities:

— Larson House, Saskatoon

— Gusway-Gerry Residence, Regina

— Angus Campbell Centre, Moose Jaw

— Walter A. "Slim" Thorpe Recovery Centre, Lloydminster

Rehabilitation Facilities:

— St. Louis Alcoholism Rehabilitation Centre, St. Louis

— Native Alcohol Rehabilitation Centres, Regina, Prince Albert and Saskatoon

— Ile a la Crosse Rehabilitation Centre

Community Education and Out-patient Facilities:

— Native Alcohol Council Out-patient and Crisis Centres, Prince Albert and Regina

— Yorkton Out-patient Centre

— Danny Fisher Centre, Kindersley

— Prince Albert Out-patient Centre

— Sandy Bay Rehabilitation Centre

— Clearwater Alcohol Rehabilitation Centre

— Pine Island Out-patient Centre

— Battlefords Out-patient Centre

— Melfort Out-patient Centre

Halfway House:

— Crysler Residence, Saskatoon

Others:

— Native Alcohol Council (Core Fieldwork Program)

— Community Development

— The Commission also contracted to pay operating costs for Myers House in Regina, a residence providing 24-hour supervision of clients attending the Regina Rehabilitation Centre.

Organization of the Commission

The Saskatchewan Alcoholism Commission is organized into two components (effective April 1, 1982): Provincial Services and Regional Services.

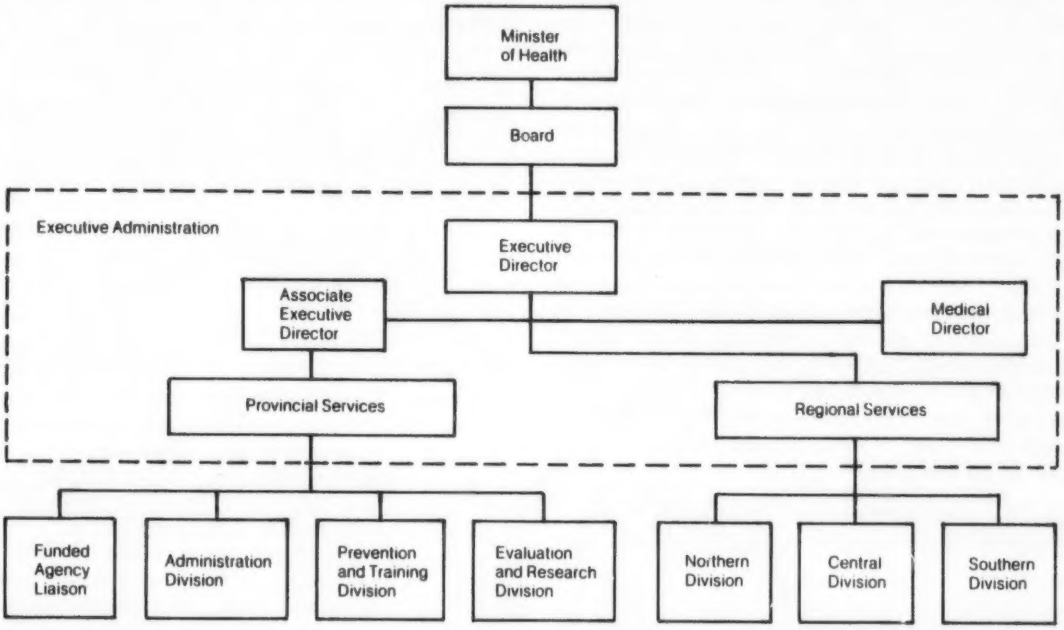
Provincial Services consists of the Administration, Prevention and Training, and Evaluation and Research Divisions. Liaison with funded agencies is a key element of this component.

Within Regional Services, alcohol programs are co-ordinated by three divisions, North, Central and South, which are subdivided into community services and rehabilitation units.

Executive Administration

Executive Administration is responsible for executive and professional support to the Chairman and the Board and for the direction of Commission operations. Executive Administration is also accountable for the provision of medical direction and consultation to clinical programs, the management of Provincial and Regional Services, and liaison with provincial and federal agencies.

Figure 16. Organization of Saskatchewan Alcoholism Commission


Minister of Health
Board
Executive Administration
Executive Director
Associate Executive Director
Medical Director
Provincial Services
Regional Services
Funded Agency Liaison
Administration Division
Prevention and Training Division
Evaluation and Research Division
Northern Division
Central Division
Southern Division

March 31, 1984

Provincial Services

Provincial Services is responsible for providing a broad range of administrative, educational and other support services to individuals, agencies and communities. In addition to coordinating the activities of its three main divisions, Provincial Services is also responsible for funded agency liaison.

Administration Division

The Administration Division is responsible for the administrative direction and control of Commission activities including the implementation of Board policies and the funding of allied agencies. It provides centralized services for accounting and personnel needs within the Commission as well as maintaining budgetary and inventory control of Commission resources.

Prevention and Training Division

The Prevention and Training Division is a centrally-located support group with the objective of providing information, materials and resource personnel to other Commission staff and to the general public. These goals are met by using a number of established and new strategies. While current strategies which were developed and implemented in former years are discussed in detail in the Saskatchewan Alcoholism Commission Annual Report, of special note are the new initiatives developed during 1983-84:

— The Mobile Youth Display, now into its second full year of operation, was booked into 17 centres during the year, reaching school administrators, other educators, high school peer counsellors, university students, health professionals, librarians and parents. It has provided to be an effective means of exhibiting information regarding the various resource materials for alcohol and other drug education.

— Globe Theatre Production of "The Good Life". The Commission paid Globe Theatre to develop a script for an alcohol/drug, lifestyles-oriented play suitable for the 1983-84 school tour. Aimed at Division III and IV students, the play has been booked on 76 occasions between September 1983, when it began its tour, and March 31, 1984. The tour continues until June 1984. The Commission also contributed funds to ensure that special music be composed for the play's young audience. *A Guidebook for Division III and IV Educators* was prepared to accompany the play and reinforce its concepts. The guide contained activities to be used both before and after viewing the play. Along with folders of pamphlets and other handout material, the *Guidebook* was sent to every school that has booked the play. In order to evaluate the educational effectiveness of the play and to determine the feasibility of embarking on a similar venture in the future, survey forms were developed to solicit student and educator response to the play.

— The Saskatchewan Alcoholism Commission Film Lending Library continued to expand in the 1983-84 fiscal year. There was a client increase of 44.8 per cent and 20.95 per cent increase in the number of films distributed over the previous year. Eighty-three films, 11 video tapes and one slide tape program were previewed and evaluated in writing during the 1983-84 fiscal year.

— *A Film News Memo* summarizing film evaluations and recommendations on alcohol and other drug materials was published bi-monthly. The *Memo* proved to be a valuable resource guide for interested agencies and individuals.

— During 1983-84, the Saskatchewan Alcoholism Commission offered a computerized literature search service, using Dialog and Bibliographic Retrieval Services (BRS). The library search service was established to facilitate access to recent research on addictions and related areas.

— Referral Agent Training courses for representatives of organizations who have developed or are considering developing Employee Assistance Programs were initiated in cooperation with the Universities of Regina and Saskatchewan. A Provincial Association of

Table 39. Prevention and Training Division Statistics, 1982-83 and 1983-84

	1982-83	1983-84
Print and AV distribution:		
Pamphlets	153,664	213,298
Folders/kits/manuals	1,172	1,325
Posters	2,144	4,501
Films and video tapes	1,941	2,251
Promotional materials (e.g. buttons, bookmarks)		3,822
Public relations:		
Written releases	12	10
Speaking engagements	17	37
Displays	41	31
Training:		
Training courses (number of days)	104	145
Practicum students	210	89
Orientation experience students	184	97
Library services:		
Requests for information	107	203
Computer searches	29	29
Interlibrary loans	64	118
Circulation (books or pamphlets)	345	969

Employee Assistance Program administrators and counsellors (SEAPAC) was formed with the Commission acting as consultant.

— The Alcoholism Commission was represented on the Regina Alcohol and Drug Liaison Committee. The committee was organized by the Department of Education and has been in existence for two years. Their long term objective is to provide youth and families in Regina with preventive and ongoing services which are not offered by other agencies.

— The Commission was represented on the advisory committee to the University of Regina Extension Division. The objective of the advisory committee is to develop curriculum guidelines for the Certificate Program in Alcoholism/Chemical Dependencies Studies. A working group was established in 1983-84 to plan for implementation in 1985.

— The Alcoholism Commission continued to maintain representation and involvement in the Saskatchewan Council on Smoking and Health.

— The six basic knowledge training courses (Addictions 1, Addictions 2, Basic Medical Knowledge, Pharmacology, Prevention and Treatment Modalities) were offered in several centres during the year for Commission and allied agency personnel.

— A Solvent Abuse Conference was held March 12-13, 1984 in Regina at the recommendation of the Chief Coroner for the Province of Saskatchewan following investigation into two deaths of young people in 1983 as a result of sniffing of solvents. The conference was attended by 147 representatives of a large spectrum of departments, organizations and agencies involved in health, social services, justice, education and native concerns. Participants evaluated the conference as a success and highlighted prevention as the area requiring the most attention in controlling this type of abuse.

Evaluation and Research Division

The Evaluation and Research Division is responsible for promoting, initiating and conducting research on alcohol and other drug-related disabilities. Research is aimed at planning and evaluating programs and policies with a view to improving service delivery and counteracting alcohol and other drug abuse. To accomplish these goals, the Division is focussed on four main areas of work.

Policy development and analysis activities focus on the preparation of specific operational policy recommendations as well as broad research based social policy approaches to curtail alcohol availability and resultant problems.

Community information services activities focus on providing up-to-date community based alcohol and drug-related information to phone-in, walk-in and write-in clients, as well as professionals in the health, education, legal and research fields.

Management information systems activities focus on the development and maintenance of automated data systems to record and analyze program services provided by the Commission and its funded agencies.

Statistical monitoring system activities focus on the collection, compilation and analysis of a network of statistics bearing on the consumption and adverse consequences of alcohol and other drugs.

Of special note are the following activities of 1983-84:

— A comprehensive community and health region profile was developed for alcohol-related arrests, health services and hospital separations for the 1982 calendar year.

— A "Fast Facts" publication was developed to provide an up-to-date summary of answers to the most frequently asked questions about alcohol and other drugs.

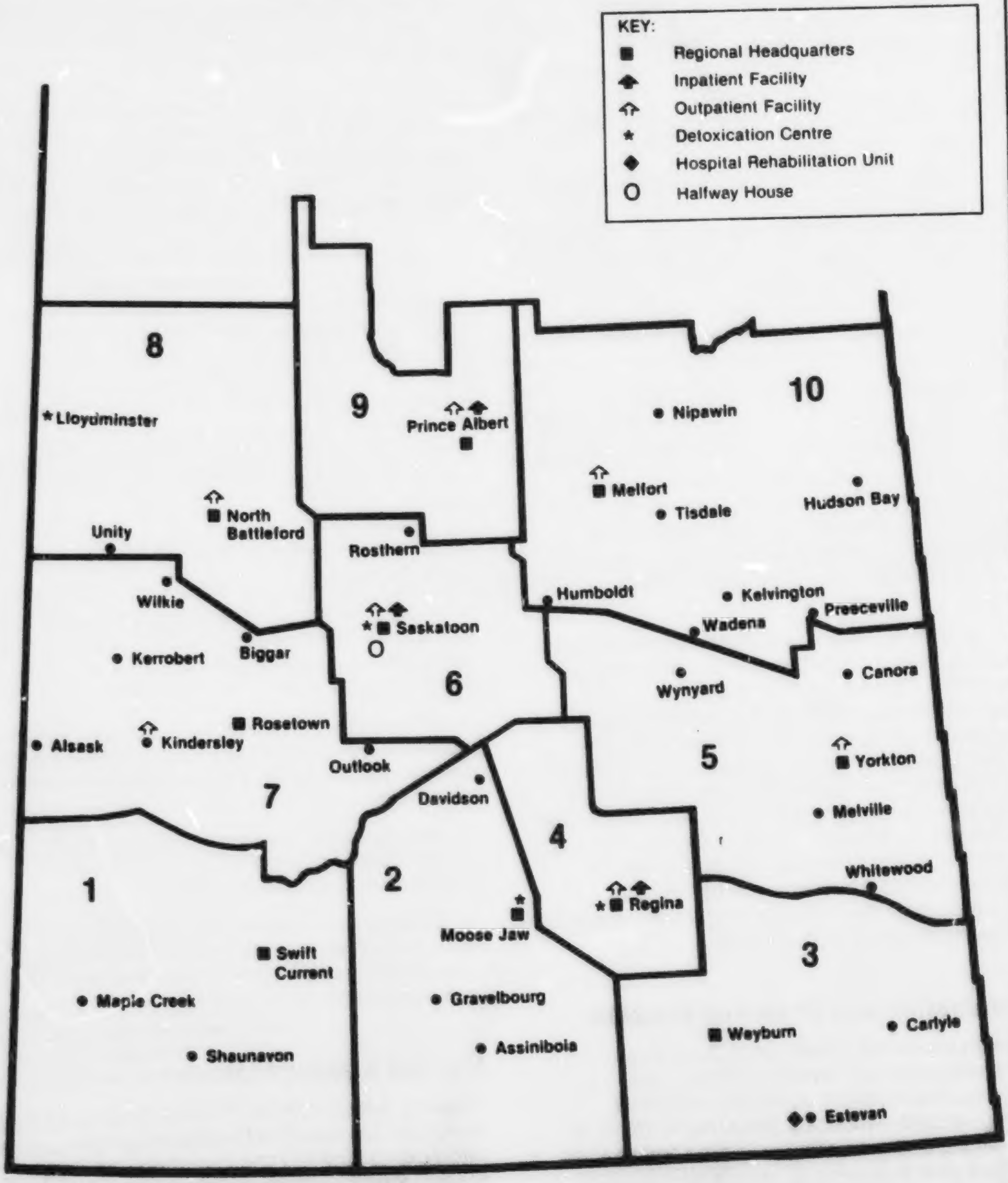
— A statistical profile report was developed for all clients receiving treatment at the Commission's rehabilitation facilities in 1982-83.

— Existing management information systems were revised and updated and a new funded agency information system was developed for implementation April 1, 1984.

Funded Agency Liaison

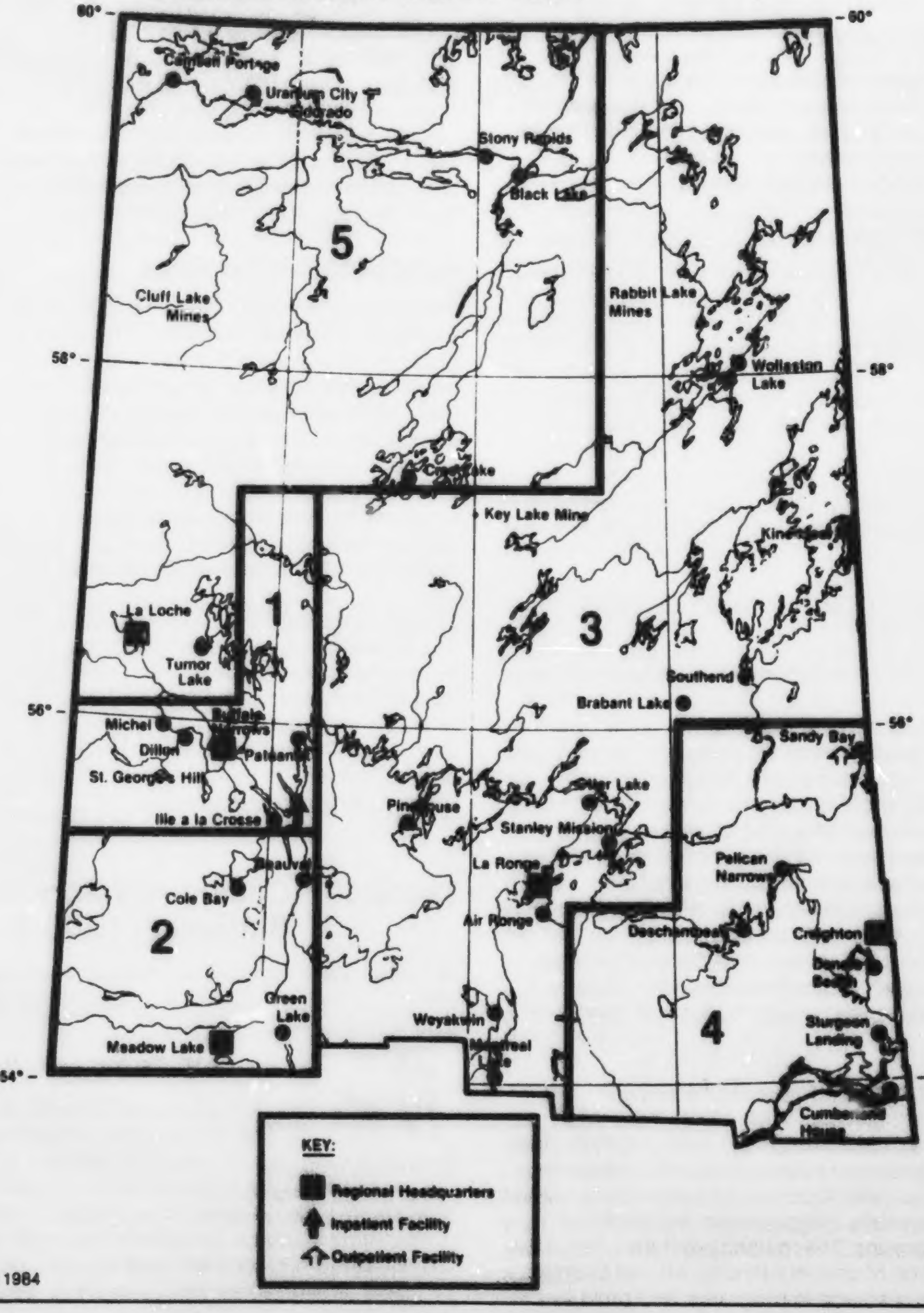
Ongoing liaison with the 21 funded agencies is an important function. The Board-sponsored Interagency Meeting and Program Guidelines Manual are two activities undertaken this year to maintain ongoing liaison and coordination with the funded agencies.

Figure 17. Regional Alcoholism Facilities in Southern Saskatchewan, March 1984


KEY:
■ Regional Headquarters
Inpatient Facility
Outpatient Facility
* Detoxication Centre
◆ Hospital Rehabilitation Unit
O Halfway House
8
Lloydminster
Unity
North Battleford
9
Prince Albert
10
Nipawin
Melfort
Tisdale
Hudson Bay
Rosthern
Humboldt
Kelvington
Preeceville
Wadena
Wilkie
Biggar
Saskatoon
Kerrobert
6
Wynyard
Canora
Alsask
Kindersley
Rosetown
Outlook
5
Yorkton
7
Davidson
Melville
4
1
2
Whitewood
Moose Jaw
Regina
3
Swift Current
Maple Creek
Gravelbourg
Shaunavon
Assiniboia
Weyburn
Carlyle
Estevan

March 1984

Figure 18. Regional Alcoholism Facilities in Northern Saskatchewan, March 1984


60°
60°
Camsell Portage
Uranium City
Eldorado
Stony Rapids
Black Lake
5
Cluff Lake
Mines
Rabbit Lake
Mines
58°
58°
Wollaston
Lake
Cree Lake
Key Lake Mine
Kinoosao
1
La Loche
Turnor
Lake
3
Southend
Brabant Lake
56°
56°
Michel
Buffalo
Narrows
Dillon
Patuanak
St. Georges Hill
Sandy Bay
Otter Lake
Pinehouse
Ile a la Crosse
Stanley Mission
Beauval
La Ronge
Pelican
Narrows
Cole Bay
Air Ronge
Deschambeault
Creighton
2
Denare
Beach
Green
Lake
Weyakwin
4
Sturgeon
Landing
Meadow Lake
Montreal
Lake
54°
54°
Cumberland
House
KEY:
Regional Headquarters
Inpatient Facility
Outpatient Facility

March 1984

The transfer of a staff member to the position of Community Program Consultant has assisted with this liaison.

Regional Services

The major direct delivery system of the Commission is Regional Services. It is organized into three geographic divisions (Northern, Central and Southern) whose main functions are community services and rehabilitation.

Community Services

The purpose of community services is to promote an awareness and understanding of the extensive problems associated with chemical use, and to mobilize and activate Saskatchewan communities into action on alcohol and other drug abuse problems. Through coordinators in 15 regions of Saskatchewan, Regional Services extends the resources of the Commission and works with communities in developing and utilizing a coordinated teamwork approach to enable them to deal with the problems related to all forms of drug abuse.

Of special note are the following activities during 1983-84:

— Community Development: In 1983-84, there continued to be a steady increase in the public's awareness of alcohol and other drug problems, particularly with respect to programs for youth. As a result, programs such as "Tough Love" and "Another Chance" (programs for parents with drug and alcohol abusing youth) as well as Families Anonymous became increasingly popular. Other specific programs receiving regional staff assistance included a book display for schools, involvement in Safe Graduation programs, and the ASK (Addiction: Services and Knowledge) and SCOTT (a peer counselling program at Scott Collegiate, Regina) programs for high school students.

The regional staff worked extensively with community resources such as educational committees, each level of the school system (from school boards and superintendents to students and parents), employers, unions, churches, service clubs, the justice system, social services and self-help groups. The regional staff assisted in the coordination of community educational programs, acted as a resource to programs, and provided resource materials such as displays, posters, pamphlets and films.

— Follow-up Services: The Impaired Driver Treatment program (IDTP) operated in the Central and Southern Regions. It provided follow-up services to 618 clients, as well as family members through individual, family and group counselling. The three participating agencies, the Saskatchewan Alcoholism Commission, the St. Louis Treatment Centre and the Department of Justice (Probation Services), worked cooperatively to review and refine the program.

Rehabilitation Services

The purpose of rehabilitation services in the Central and Southern Divisions is to coordinate, promote and conduct programs for treating and rehabilitating those persons who are abusing or dependent upon alcohol and/or other drugs. As a component of the rehabilitative process, education and support services are also provided to collaterals such as clients' spouses and children. In addition, the Division provides learning experiences for students and staff of agencies working in the chemical dependencies field.

Of special note during 1983-84 is the continuing increase in all types of client requests, especially from youth, parents, schools and other agencies. As a result there have been more frequent group sessions and fewer individual counselling interviews. Greater emphasis was placed on relapse prevention through a lecture program and relapse prevention counselling.

Table 40. Community Services Statistics, 1983-84

	1983-84
Client caseload	
Addicted	773
IDTP	680
Collateral	296
Total new caseload	1,749
Community activities:	
Community contacts	4,040
Community presentations	984
audience	27,301
Community workshops/seminars	180
audience	9,681

Facilities Operated by the Commission during 1983-84:

Regina Rehabilitation Centre, 2140 Hamilton Street, Regina: This Centre provides day-patient and out-patient programs. During treatment, patients reside in Myers House. Staff at the Centre supervise a methadone program, with methadone dispensed at the Regina General Hospital.

Calder Centre, 230 Avenue R South, Saskatoon: The Calder Centre provides day-patient and in-patient programs, and provides out-patient and in-patient programs for youth. The Centre has an in-patient capacity for 25 patients and 15 spouses.

Calder Out-patient Clinic, 224 - 4th Avenue South, Saskatoon: The clinic provides group and counselling support services on an out-patient basis.

The statistics in Table 41, page 96, indicate the level of activity of rehabilitation services in areas such as rehabilitation, liaison with funded agencies and educational services.

Other programs of an educational nature which rehabilitation services provide in Central Region include the Youth Program (Day and Live-in):

	1982-83	1983-84
Youth program		
In-patient:		
addicted	6	8
non-addicted	117	113
Day-patient:		
addicted	1	39
non-addicted	25	11
Out-patient:		
addicted	21	4
non-addicted	34	0
"Another Chance" Parent Group		
Number of six week sessions:	6	6
Number of people involved:	54	60

Highlights, 1983-84

— The Board of the Alcoholism Commission of Saskatchewan instituted an Editorial Committee. This Committee, in cooperation with the third party agencies of the Commission, developed a "Program Guidelines Manual" outlining guidelines for the operation and development of addiction services (including social setting detoxication agencies, in-patient treatment agencies, and out-patient and community education agencies) as well as board and staff roles within addiction agencies. These guidelines will be used by the third party agencies and the Commission in the delivery of services to the general public.

— The Commission provided a grant to Globe Theatre for the development of a lifestyle oriented play suitable for the Globe Theatre provincial school tour. This play, "The Good Life", was performed to Divisions III and IV students throughout the Province. A guidebook for educators was prepared by Commission staff to accompany the play and to assist educators in reinforcing the concepts included in the play.

— A Solvent Abuse Conference was sponsored by the Alcoholism Commission as a result of a recommendation of the Chief Coroner for the Province of Saskatchewan following investigation into two deaths of young people in 1983 due to abuse of solvents. The conference was attended by approximately 150 representatives of government departments, organizations and agencies involved in health, social service, justice, education and native concerns.

— A comprehensive community and health region profile was developed for alcohol-related arrests, health services and hospital separations for the 1982 calendar year.

— A statistical profile report was developed for all clients receiving treatment at the Commission's rehabilitation facilities in 1982-83.

— The Board of the Alcoholism Commission of Saskatchewan during 1983-84 instituted a policy of holding several of their monthly meetings outside the cities of Regina and Saskatoon. During the visit to the respective centres, time was taken to tour alcohol and drug abuse facilities in the area and meet with local personnel. The areas visited during 1983-84 included Swift Current and North Battleford.

— The Alcoholism Commission of Saskatchewan continues to be concerned regarding the increased demands from youth for the services offered by the Commission. With a decrease in the average age of clients and an increase in the polyuse of drugs, the Commission is increasing its efforts to provide prevention, intervention and rehabilitation services to youth.

Table 41. Rehabilitation Caseload, Saskatchewan Alcoholism Commission and Funded Agencies, 1983-84

	Alcoholism Commission			Funded agencies			All facilities		
	Addicted	Non-addicted	Total	Addicted	Non-addicted	Total	Addicted	Non-addicted	Total
In-patient:									
Male	615	99	714	3,293	–	3,293	3,908	99	4,007
Female	218	335	553	1,004	–	1,004	1,222	335	1,557
Total (1983-84)	833	434	1,267	4,297	–	4,297	5,130	434	5,564
Patient days (1983-84)	15,255	5,208	20,463	53,985	–	53,985	69,240	5,208	74,448
Total (1982-83)	432	322	754	4,287	–	4,287	4,719	322	5,041
Patient days (1982-83)	8,152	3,000	11,152	52,137	–	52,137	60,289	3,000	63,289
Day-patient:									
Male	103	12	115	–	–	–	103	12	115
Female	30	52	82	–	–	–	30	52	82
Total (1983-84)	133	64	197	–	–	–	133	64	197
Patient days (1983-84)	2,072	593	2,665	–	–	–	2,072	593	2,665
Total (1982-83)	439	168	607	–	–	–	439	168	607
Patient days (1982-83)	6,799	2,311	9,110	–	–	–	6,799	2,311	9,110
Out-patient:									
Male	589	24	613	846	72	918	1,435	96	1,531
Female	401	245	646	415	365	780	816	610	1,426
Total (1983-84)	990	269	1,259	1,261	437	1,698	2,251	706	2,957
Total (1982-83)	1,048	295	1,343	853	195	1,048	1,901	490	2,391
All clients:									
Male	1,307	135	1,442	4,139	72	4,211	5,446	207	5,653
Female	649	632	1,281	1,419	365	1,784	2,068	997	3,065
Total (1983-84)	1,956	767	2,723	5,558	437	5,995	7,514	1,204	8,718
Patient days (1983-84)	17,327	5,801	23,128	53,985	–	53,985	71,312	5,801	77,113
Total (1982-83)	1,919	785	2,704	5,140	195	5,335	7,059	980	8,039
Patient days (1982-83)	14,951	5,311	20,262	52,137	–	52,137	67,088	5,311	72,399

— The second annual Interagency Meeting, including all funded agencies and the Alcoholism Commission, was held in Saskatoon in May.

— The Commission held an "All Staff" seminar in February. The objective of the seminar was to enable staff, at every level, to participate, discuss and share concerns relevant to the Commission as a whole.

Separate Annual Report

A comprehensive annual report is published by the Saskatchewan Alcoholism Commission. For more detailed information, contact the Saskatchewan Alcoholism Commission, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

12. Provincial Laboratories

The Provincial Laboratories are a technical service arm of Saskatchewan Health. They accept, for health-related tests, a wide variety of specimens from hospitals, physicians, government and municipal agencies, and concerned individuals. They also provide most of the laboratory tests required by Saskatchewan Environment. The information obtained from these tests assists in the prevention, diagnosis, and treatment of illnesses of individuals resident in any part of the Province. These tests supplement services provided locally.

The history of the Laboratories dates back to 1905 when the government of the new Province established a laboratory that would provide diagnostic assistance to physicians and technical advice to settlers. As this was the only laboratory in the Province, it had to provide a wide variety of tests. Samples were received and tests made to determine suitability of soils for agriculture, germination rates of seed grains, strength of formalin and bluestone preparations sold for the prevention of smut, and the alcohol content of wines and liquors in beverages wherever purchased. Ore samples were assayed for content of gold, silver, lead, copper, and/or iron. Lignite coals were tested for water and heat content. Clays were tested for the manufacture of brick. Water samples were checked for potability. Quality tests were made of milk and other retailed dairy products. Weather records were kept of Regina's maximum and minimum daily temperatures. In addition, human tissues removed in hospitals were examined for evidence of tumors or poison, and many medical specimens were examined to help diagnose or manage communicable diseases such as diphtheria, typhoid fever, scarlet fever and tuberculosis.

Though many specialty laboratories have developed over the years, the Provincial Laboratories continue to provide centrally those health or environment laboratory tests that cannot be provided economically or practically on a local basis.

Demands for laboratory services have steadily increased over the years. In 1958-59, when the present laboratory was occupied, 159,000 specimens were received with 43 staff members. In 1983-84, the number of specimens received was 693,000 with 93 staff.

A determined effort is made to deliver laboratory service that is reliable, convenient and prompt. Specimen containers, mailing outfits and requisitions are provided free of charge to physicians and hospitals. Users are urged to send specimens by first-class mail or by bus express. To minimize the interval between mailing of a specimen and receipt of a report, the Laboratories operate six days a week. Mail and bus express packets are collected twice daily. Many specimens are delivered directly to the Laboratories by local taxis or by daily couriers from Prince Albert, Saskatoon, Swift Current and Moose Jaw. All findings are reported by mail, but reports are telephoned when requested by the sender or when observed findings are grossly abnormal.

Table 42, page 98, indicates the volume and variety of services provided by the Provincial Laboratories. Protective services required delivery of 1.7 per cent more work units in 1983-84 than in the previous year while diagnostic services required an expenditure of 10.5 per cent more work units.

Protective Tests

Protective tests are conducted on selected specimens to help prevent illness. Such tests may detect unsuspected threats to the health of individuals or to the environment, allowing corrective or defensive measures to be adopted before serious harm is done. The tests may signal inadequate protection against infectious disease agents for which vaccines are available, indicate faulty but compensatable metabolic disorders, or detect dangers to the community and/or the environment.

A variety of tests is required to confirm the suitability of surface or ground waters for drinking, cooking and bathing. In 1983-84, 12,293 water samples from municipal distribution systems, 14,711 water samples from private wells and 1,085 water samples from swimming pools were tested for inadequate protection of the water supply and/or inadequate chlorination. In addition, some 2,683 spot checks were made of fluoride ion content in waters from municipal distribution systems where fluoridation is practised.

Saskatchewan Environment requires a more comprehensive battery of tests for surface waters and industrial waste waters. Some 2,156 samples of water from reservoirs, lakes, streams, rivers, lagoon effluents and industrial wastes were tested

Table 42. Volume and Variety of Services Provided, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84

Services	Specimens (thousands) 1982-83	Specimens (thousands) 1983-84	Units of work* (thousands) 1982-83	Units of work* (thousands) 1983-84	Annual per cent change
Total services	650.8	693.1	12,846*	13,913	+8.3
Protective services:	107.1	108.9	3,209*	3,262	+1.7
Water — Private wells and swimming pools	14.5	15.8	330	341	
— Municipal systems	12.7	12.3	165	160	
— Commercial chemical	2.8	3.2	351	434	
— Environment Department	2.8	2.7	525	429	
Air samples and urea formaldehyde	1.0	0.6	16	10	
Dairy and food	7.0	7.9	508	576	
Screening tests:					
Neonatal — PKU	17.9	18.1	130	130	
— Hypothyroidism	18.3	18.2	192*	184	
Premarital-prenatal-rubella	27.5	27.0	826	810	
Drugs	1.2	1.6	8*	9	
Medicolegal	1.4	1.5	158	179	
Diagnostic services:	543.7	584.2	9,637*	10,651	+10.5
Microbiology	269.3	290.2	5,975	6,738	
Chemistry	274.4	294.0	3,662*	3,913	

* *New Unit scores for clinical chemistry were revised in April 1982 to reflect increased automation.*

for the Water Pollution Control Branch. The Air Pollution Control Branch submitted 65 washings from areas adjacent to potash mines to test the atmospheric fall-out of potash dust onto farms. A total of 764 samples of air washings from foam insulated homes were analyzed for content of formaldehyde to determine whether significant concentrations were being released by the insulation. Some 524 samples of selected fish from Saskatchewan lakes and rivers were submitted by Saskatchewan Environment and Saskatchewan Tourism and Renewable Resources for mercury analysis. The findings of such tests enabled identification of fishing areas where mercury levels in fish were likely to exceed 0.50 parts per million, a level considered unsafe for consumers.

Protective tests are made on retail dairy products. A total of 6,626 samples of dairy products was tested at the Provincial Laboratories in Regina while another 1,242 were examined for the Provincial Laboratories at the Dairy and Food Science Laboratory of the University of Saskatchewan in Saskatoon.

The Provincial Laboratories conduct four screening programs, three of these to protect the health of newborns or the unborn. The disorders of phenylketonuria (PKU) and hypothyroidism may cause irreversible brain damage if not identified and treated in the first weeks of life. The 18,129 samples tested for PKU indicated two infants were born with PKU in 1983-84. The 18,238 samples screened for hypothyroidism led to identification of three bona fide cases in need of treatment. Although the numbers of discovered cases of PKU or hypothyroidism are small screening is cost-effective because life-long support for undiagnosed and untreated cases is extremely expensive.

A third screening program is directed towards the prevention of congenital rubella. Rubella virus infection contracted early in pregnancy may cause very serious damage to the fetus. To identify the ten per cent of women of childbearing age who lack protective antibodies, 26,989 premarital and prenatal blood samples were tested. Blood donors found to lack such antibodies are urged by their physician to seek vaccination before they become pregnant. If already pregnant, they are advised to try to avoid contact with any rubella patient, or to contact their physician if suspected or definite contact has occurred.

A fourth screening program assists the treatment of drug addicts by identifying those patients on methadone treatment who continue taking illicit drugs. A total of 1,589 urine samples were tested in 1983-84 for this purpose.

Toxicological laboratory tests are performed to assist in criminal investigations. Specimens of blood, urine, stomach contents, tissues, powders and fluids are examined to help physicians, coroners and law enforcement agencies determine whether a drug or toxic chemical may have contributed to an accident, illness or death. Investigation of 577 fatal cases required 1,401 specimens to be searched for toxic substances.

A poison identification service is provided 24 hours a day by the Laboratories to help physicians manage patients who accidentally or deliberately may have ingested a toxic substance or drug. Tests on such specimens included the examination of 4,700 blood samples, 666 urine samples, 828 gastric fluid samples and 63 medicaments in 1983-84. Findings are telephoned when requested within minutes or hours of receipt of specimen.

Clinical Diagnostic Services

Modern medicine relies on laboratory tests to aid in the early diagnosis of illness and to permit swift

Table 43. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84

Diagnostic service	Specimens (thousands)		Work units in thousands		Annual per cent change
	1982-83	1983-84	1982-83	1983-84	
Total	543.7	584.2	9,637	10,651	+10.5
Microbiology	269.3	290.2	5,975	6,738	+12.8
Syphilis	69.6	69.2	513	492	
Gonorrhoea	11.4	8.3	102	81	
Sore throats and ears	26.6	36.5	187	256	
Boils, wounds, tissue, blood and CSF	42.3	46.1	1,306	1,458	
Media preparation	—	—	500	548	
Urinary tract	54.4	59.8	653	719	
Gastroenteritis	10.0	11.8	399	532	
Tuberculosis	2.5	2.4	142	133	
Parasites	6.5	8.5	258	339	
Fungal infections	2.1	2.4	231	263	
Rheumatic fever and collagen disorders	24.9	25.5	802	820	
Virus infections — for isolation	5.7	6.9	379	512	
— for rubella serology	5.2	5.1	184	248	
— for other serology	8.1	7.7	319	337	
Chemistry	274.4	294.0	3,662	3,913	+6.9
Radioimmunoassay (see Table 45)	131.3	146.5	1,803	1,980	
Enzymes-Metabolites (see Table 45)	121.7	125.0	959	987	
Urine hormones	3.6	3.8	380	417	
Drugs in blood, urine and gastric	6.2	6.2	309	309	
Trace metals in blood and urine	5.2	5.6	44	47	
Quality control — hospitals	2.5	2.5	144	146	
Referrals — other laboratories	3.9	4.4	23	27	

treatment when required. Each year, advances in applied microbiology, biochemistry, genetics and pharmacology allow more diseases to be treated effectively. Patients expect swift diagnosis and relief of pain. This expectation, coupled with the trend to minimize hospital admission or length of stay, requires the rapid processing of such diagnostic tests.

A determined effort is made to complement whatever laboratory service may be available locally. This often means doing specimen tests for doctors' offices and small hospitals. There are also many infrequently required, difficult-to-maintain and expensive tests that are impractical for even large laboratories to undertake. Consequently, at times specimens are referred to another laboratory that offers a desired test. Any charges incurred for tests on specimens relayed to other laboratories are born by the Provincial Laboratories. In 1983-84, 4,388 specimens were referred to other laboratories at a cost of $15,650.

Table 43, page 99, compares the demands for diagnostic services in 1983-84 and the previous year. Overall, there was a significant increase of 10.5 per cent, mainly due to increased demand for tests to aid the diagnosis of infectious diseases. Demands for microbiology services increased by 12.8%. Chemistry tests increased by 6.8%.

In Table 44, page 101, a comparison of the isolation/identification rates of some important microbial pathogens for 1982-83 and 1983-84 is presented.

Table 45, page 102, compares the number of the more popular chemical diagnostic tests (such as hormones, enzymes, metabolites and therapeutic drugs) performed in 1983-84 and in the previous year.

Services to Diagnostic Laboratories

In addition to providing, free of charge, needed tests in microbiology and chemistry that are beyond the capacity of hospital or clinic laboratories, the Provincial Laboratories also offer a variety of services to other laboratories for tests they do perform. Technical advice on the selection and/or interpretation of test procedures is offered upon request. Reference and check samples are mailed out each month to 123 hospital laboratories participating in a performance and standard evaluation program (PAS). Bacteriological media are supplied for the first year that a hospital undertakes, with a qualified technologist, to provide Level I bacteriology service. For hospitals without a local bacteriology laboratory, sterility check tests are offered. Finally, blood samples of hospital and medical staff with close patient contact are periodically examined for exposure to such agents as rubella, poliomyelitis, hepatitis or influenza.

Research and Consultative Services

All research is directed towards investigating laboratory tests for infectious, metabolic and degenerative disorders. Considerable investigation and in-house testing is necessary to evaluate specificity, sensitivity and cost of newly described procedures. Continuous research ensures all procedures are as reliable, rapid, economical and useful as possible.

Many requests for technical information or advice are received from physicians, hospital staff, teachers, engineers, architects, consumer groups and concerned individuals. Every effort is made to answer these queries, or to refer questions to the appropriate agency or individual.

Table 44. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84

Microbial pathogen	1982-83	1983-84
Bacterial pathogens:		
T. pallidum serology	247	354
from premaritals	9	13
from prenatals	11	17
N. gonorrhoea		
"Positive" cultures	937	604
"Positive" films	1,049	823
C. diphtheriae	5	—
M. tuberculosis	23	16
S. agona	5	27
S. enteritidis	—	12
S. infantis	43	44
S. litchfield	16	12
S. saint-paul	19	24
S. typhimurium	77	415
Other Salmonellae	126	82
Sh. flexneri	247	170
Sh. sonnei	66	24
Ent. E. coli*	12	5
Camp. fetus ss jejunii	92	187
Y. enterocolitica	2	22
Protozoan parasites:		
E. coli	165	147
G. lamblia	167	329
E. histolytica	6	6
E. nana	37	44
Helminthic parasites:		
A. lumbricoides	9	5
T. trichiura	13	9
D. latum	10	16
C. mesnili	8	9
E. vermicularis	7	3
N. americanus	7	2
C. sinensis	2	4
E. hartmanni	1	3
H. nana	2	6
Other	2	3

Microbial pathogen	1982-83	1983-84
Virus isolations:		
Adenoviruses	103	216
Coxsackie A (9)	4	1
Coxsackie B (3,4,5)	2	13
Echo (1, 5, 11, 17, 20, 22, 30)	8	57
Herpes	142	257
Influenza A	16	—
Picornavirus (EM only)	258	209
Polioviruses (nonparalytic)	24	17
Reovirus	16	6
Rotavirus	448	492
Other or Unidentified	15	22
Virus serology:		
Adenoviruses	8	8
Hepatitis A	3	32
Hepatitis B	132	81
Influenza A	10	3
Influenza B	9	1
Mumps	6	2
M. pneumoniae	45	9
Rubella	13	19
Infectious Mononucleosis	3	—
Herpes zoster	1	5
Herpes simplex	2	5
Other	1	14
Fungal infections:		
M. canis	12	18
E. floccosum	9	19
T. mentagrophytes	76	113
T. verrucosum	33	26
T. rubrum	42	90
M. furfur	53	56
C. albicans	92	86
Other	252	284

* *Includes Ent. E. coli 026, 0111, 0119, 0126, 0127, 0128.*

Table 45. Radioimmunoassays, Enzymes-Metabolites, Provincial Laboratories, Saskatchewan, 1982-83 and 1983-84

Name of test	Number of tests in thousands*	
	1982-83	1983-84
Total radioimmunoassays	217.1	243.2
Cortisol	4.6	5.0
Digoxin	15.8	16.2
Estradiol	0.6	0.9
Ferritin	—	0.3
Follicle stimulating hormone	2.6	3.2
Free T-4	—	0.3
Growth hormone	0.3	0.4
Immunoglobulin E (IgE)	—	0.6
Insulin	—	0.3
Luteinizing hormone	2.1	2.7
Neonatal T-4	18.3	18.2
Neonatal TSH	3.4	2.1
Parathyroid hormone	0.3	0.3
Progesterone	0.5	0.9
Prolactin	2.7	3.2
Hepatitis B	4.9	6.4
Testosterone	1.3	1.9
Thyroxine	80.7	89.4
Thyroid stimulating hormone	8.3	6.8
T-3	1.3	2.5
T-3 uptake	54.4	62.8
Vitamins B-12, folate	15.0	18.8
Total enzymes-metabolites	197.2	204.9
SMAC — 17-20 test profile**	117.3	112.0
Acid phosphatase	5.2	6.5
Alanine aminotransferase (ALT)	1.1	1.3
Amylase	4.0	3.6
Asparate aminotransferase (AST)	1.4	1.5
Cholesterol-triglyceride	4.6	5.2
HDL cholesterol	2.0	1.7
Creatinine (Urine)	3.6	4.1
Creatinine (Serum)	1.0	1.3
Creatinine phosphokinase (CPK)	5.9	6.8
Dilantin	4.2	4.7
Electrolytes	—	3.0
Glucose	6.2	5.9
Glycosylated hemoglobin	1.1	2.1
Iron	9.7	10.9
Iron binding capacity	9.6	11.0
Lactate dehydrogenase (LDH)	1.3	1.8
Phenobarbitol	2.5	2.5
Tegretol	1.4	1.8
Total protein and albumin globulin ratio	4.7	5.2
Urea	0.6	1.1
Uric acid	2.0	2.9
Valproic acid	0.9	1.1
Other	6.9	6.9

* *Tests do not include standards, controls or repeats.*

** *Each profile is counted as a single test even though it contains results on 17-20 different constituents.*

13. Central Services

Policy Research and Management Services Branch

Organized research in the Department of Health began in 1943. One year later, research functions became the responsibility of the newly appointed Health Services Planning Commission. In 1948, a Division of Research and Statistics was formed within the Commission, and two years later the Health Services Planning Commission became an integral part of the Department of Health. The Research and Statistics Division was re-named the Research and Planning Branch in 1963 and in 1977-78 it became the Policy Research and Management Services Branch.

The main roles and objectives of the Branch are to:

- provide support and secretariat services to the Deputy Minister's office;
- develop health policy in areas of priority to the Minister of Health;
- take a lead role in the coordination of new initiatives within the Department;
- research, design and assist in the development of new health programs;
- evaluate existing health programs in order to suggest policy, program and cost benefit improvements;
- work with the Department Solicitor and concerned Branches in the development and co-ordination of health legislation, and work with health professional associations and other public interest groups on matters involving health manpower legislation;
- monitor supply and demand for health manpower groups and to work with employers and other government departments in ensuring the availability of appropriate training in health occupations;
- coordinate for the Department the policy, positions and activities which surround federal/provincial and inter-provincial committees and conferences in the health field;
- coordinate the Department-wide Productivity Improvement Program which has three main elements: regulatory reform, improving program performance and improving consumer relations;
- take responsibility for the Division of Vital Statistics, the Health Library and Consumer Relations.

Health Library

The Library maintains extensive central holdings and also acts as a single ordering agency for all agencies in the Department of Health. Services of the Health Library are available by telephone, mail or calling in person to all personnel of the Department located throughout the Province as well as students and non-Departmental individuals who provide health services through voluntary, private or related agencies. The Library provides reference and information services, inter-library loans and reading room facilities. At present, the Library has approximately 17,000 books and bound periodicals, 9,000 pamphlets and numerous annual reports. The Library subscribes to approximately 400 periodical titles.

Payment Negotiation Unit

The Payment Negotiation Unit was established in 1975 to coordinate and consolidate negotiation and labour relations activity formerly undertaken by the Deputy Minister's office, the Saskatchewan Hospital Services Plan and the Department of Social Services.

The Payment Negotiation Unit acts as observer and consultant at bargaining tables involving the Saskatchewan Health-Care Association and the Saskatchewan Association of Special Care Homes, and the various unions representing employees in hospitals, special-care homes and central laundries. Currently, this activity ranges over eighteen separate collective bargaining agreements.

The Payment Negotiation Unit provides the chief government negotiator in negotiations with the various professional and business organizations which contract with the government for the provision of health services. Other negotiating committee members are drawn from the program agencies involved. At the present time, 16 separate contracts are in place.

The work of the Unit keeps the Department officials aware of the budget implications of impending settlements and facilitates funding decisions in the health care field. The Payment Negotiation Unit serves as a liaison between the funding agencies and the various bargaining unit representatives. The Unit also acts as a resource to Department staff on labour relations matters which arise during the term of any contract.

Public Communications Unit

The Public Communications Unit was established in 1981 to coordinate communications planning and activities in Saskatchewan Health.

The Unit has a variety of specific responsibilities including:

- providing advice on communications priorities and objectives for the Department;
- assisting branches and agencies in developing and implementing communication projects;
- providing liaison with central government communications agencies;
- acting as the primary contact with suppliers of communications services (eg. printers, artists, advertising agencies); and
- preparing media releases and similar printed material.

Administrative Services Branch

The Administrative Services Branch provides overall administrative services for the Department. Emphasis is placed on ensuring maximum quality service at minimum cost through the following types of activity:

- budgeting;
- accounting;
- procurement and stockroom services;
- coordination and control of Central Vehicle Agency vehicles;
- coordination of space requirements;
- central mail sorting and distribution services for Health branches and agencies;
- recoveries from the federal government under such programs as the Canada Assistance Plan and Vocational Rehabilitation of Disabled Persons.

Personnel and Training Branch

This Branch provides centralized personnel services for the Department (excluding the Alcoholism Commission and the Medical Care Insurance Commission). Activities include:

- maintenance of personnel files, participation in staffing and classification processes, administration and interpretation of collective bargaining agreements, career counselling, and advice to branches and agencies on labour relations matters;
- provision of in-service training courses for employees and coordination of employee participation in courses sponsored by the Public Service Commission;
- administration of the Department involvement in the public service educational leave program;
- administration of the Department bursary program for students in selected health disciplines which are in short supply; and
- administration of the Medical Practice Establishment Grant program.

14. Training of Health Personnel

The bursary program assists students training in selected health professions in which a scarcity of qualified personnel exists.

The program is financed through funds received from the Student Assistance and Student Aid Fund of the Department of Advanced Education and Manpower. These funds are in turn awarded by Saskatchewan Health and the program is administered by the Personnel and Training Branch.

The bursary program is open to the general public and employees of this Department. The types of training for which bursaries are provided are advertised in all provincial daily newspapers. Applications are then screened and all applicants eligible for the bursary program are interviewed by a Bursary Selection Committee. In return for financial assistance, bursary recipients agree to work for a stipulated time for Saskatchewan Health, or in a position within the Province approved by the Minister of Health.

The following table illustrates the amount of service commitment completed by graduates of the bursary program:

Total graduates (1960-1984)	1,536	100%
Service completed	971	63.2
Currently serving	88	5.7
Partial service	245	16.0
No service	224	14.6
Service deferments	8	0.5

Between 1960 and 1984, a total of 1,536 bursary recipients graduated. Of this total, 1,067 (69.5%) have served their commitment, are currently serving their commitment, or have had their commitment deferred. A further 245 (16.0%) provided partial service and repaid some cash. Only 224 (14.6%) have provided no service.

Table 46. Bursary Students, Saskatchewan, 1982-83 and 1983-84

Area of study	Students continuing		New students	
	1982-83	1983-84	1982-83	1983-84
Total	75	60	35	26
Clinical psychology	1	3	2	1
Dentistry:				
Undergraduate*	22	—	—	—
Postgraduate	4	6	3	3
Hospital administration	—	—	—	1
Medical social work	—	2	2	—
Nuclear medicine technology	6	4	1	2
Nursing:				
Public health	6	5	5	3
Postgraduate	—	—	—	1
Occupational therapy	11	9	5	4
Orthoptics	2	1	1	1
Physical therapy	11	14	5	6
Prosthetics and orthotics	—	3	3	—
Public health inspection	6	6	4	1
Respiratory technology	—	—	—	1
Speech pathology and audiology	6	7	4	2

* *Effective April 1, 1979, financial assistance for undergraduate dental students is available exclusively through Saskatchewan Advanced Education and Manpower, Student Aid program.*

With the exception of public health nurses, bursary recipients are required to provide two years of service for the first year of assistance and one year of service for each subsequent year of assistance. Public health nurses provide one year of service for each year of assistance. Recipients who default on their service commitment must repay monies awarded plus interest.

Bursary recipients are awarded funds for tuition fees, a textbook allowance, travel to and from the location of training (once), plus a monthly living allowance.

Table 46 page 107, shows the distribution of bursary students at universities and institutes of technology during the 1982-83 and 1983-84 fiscal years.

Dental Specialists

In 1966, the Department introduced a bursary program to provide financial assistance to graduate dentists pursuing specialized areas of study. This program is designed to encourage dentists to study specialties which are in short supply and to return to the Province upon completion of their training.

Assistance consists of the payment of registration and tuition fees, plus a monthly living allowance. A service commitment is required upon completion of training.

During the period 1966 to March 31, 1984, a total of 47 dentists received assistance under this program. Thirty-nine of these dentists have graduated; seven are currently studying; and one has discontinued studies and has repaid all funds.

The following table illustrates the amount of service commitment completed by graduates of the program.

Total graduates	39
Service completed	15*
Currently serving	8
Partial service	2
No service	14
Service deferments	—

** Thirteen of the 15 dentists who completed their service commitment are still practising in the Province.*

The specialties of the 13 dentists still practising in the Province are as follows:

Total	13
Dental oral surgery	2
Orthodontics	4
Paedodontics	1
Periodontics	4
Plastic surgery	1
Prosthodontics	1

The eight additional dentists currently serving their commitment have specialized in prosthodontics, orthodontics, oral and maxillofacial surgery, endodontics, periodontics, and oral medicine.

Dental Establishment Grants

A Dental Establishment Grant program designed to encourage dentists to establish a first-time practice in a Saskatchewan community, other than Regina and Saskatoon, has been in operation since 1976-77. The need for this program has diminished since its inception and consequently there have not been any new grants approved since 1982-83. However, payments in the amount of $1,000 continue to be made on a quarterly basis to dentists who were awarded grants prior to 1983-84, who are still in practice and who have not received the full amount of their grant. As of March 31, 1984, there were 13 of these dentists practising at the following locations: Lanigan, Estevan (4), Meadow Lake, Esterhazy, Hudson Bay, Weyburn, Shaunavon, Prince Albert, Biggar, and Spiritwood.

Grants to Physicians Establishing a Practice in Rural Saskatchewan

This program was established in April 1979 for the purpose of providing an incentive to Canadian-trained physicians to locate in Saskatchewan's smaller communities and to support the efforts of those communities interested in recruiting a physician. Saskatchewan Health will match community contributions up to a maximum of $15,000 to establish a Canadian-trained physician in a first-time practice in a grant-approved location. Physicians may elect to receive a lump sum payment at commencement of practice or payment in quarterly installments of $1,250.

Physicians receiving a lump sum payment must agree to a service commitment of one year for each $5,000 received.

By mutual agreement between the physician and the community, the grant can be paid to the community.

The following table provides the distribution of approved grants since the inception of the program:

Year	Number of grants	Amount of each grant	Expenditure	Location of practice
Total	9		$133,850	
1979-80	4	$15,000	$ 60,000	Hudson Bay (3) Borden (1)
1980-81	—	—	—	—
1981-82	1	$15,000	$ 15,000	Hudson Bay
1982-83	2	$15,000	$ 30,000	Watrous Moosomin
	1	$13,850	$ 13,850	Midale
1983-84	1	$15,000	$ 15,000	Kerrobert

In-Service Training

The objectives of Department sponsored employee in-service training programs are as follows: to improve the efficiency and economy of operations by developing a well trained staff; and to assist employees in achieving their highest potential.

The Department offers an "Introduction to Supervision" course followed by a management development program based upon courses produced by the American Management Association. Since the inception of this program in January 1968, 3,422 personnel have participated. The Department has also sponsored a pre-retirement program for employees and their spouses to assist them in their retirement planning.

To assist new employees to become acquainted with key persons and to familiarize themselves with the major Saskatchewan Health programs, an orientation conference is held periodically. The conferences feature presentations by branch heads and other senior executives of the Department. The orientation conferences conducted in 1983-84 were attended by a total of 69 employees.

The Personnel and Training Branch presents special training sessions in response to requests both from within and outside the Department. Non-government health agency employees and members shared in these programs.

Employees of the Department also participated in various training courses offered by the Saskatchewan Public Service Commission including an Education Leave Assistance program. The primary objective of this program is to provide a limited number of employees with an opportunity to upgrade their qualifications and enhance their level of service to the Department.

15. Saskatchewan Vital Statistics

The Division of Vital Statistics of Saskatchewan Health maintains and operates a Province wide system for registration of births, stillbirths, deaths, marriages, divorces, adoptions and changes of name which occur in Saskatchewan according to the terms of The Vital Statistics Act, The Marriage Act and The Change of Name Act. A detailed account of vital data may be found in Saskatchewan Health's Vital Statistics Annual Report.

In addition to the registration and statistical function, the Division of Vital Statistics provides a variety of services to the citizens of Saskatchewan, including searching of vital records and issuing of registration certificates as legal proof of registered events. The general costs of maintaining the registration system are borne by the Province. However, the costs for specific services requested by individuals must be paid for by the individuals themselves. Accordingly, a fee is charged for searching records and issuing certificates of registration.

The Division of Vital Statistics works closely with approximately 800 registrars throughout the Province in the collection of vital data. Municipal secretaries, town clerks and city clerks serve as registrars. These registrars forward their returns of birth, death, and stillbirth registrations on a weekly basis to the Division office in Regina. The Division of Vital Statistics also receives registrations of marriages from clergy members and marriage commissioners. Notices of divorces, annulments, and adoptions are received from court officials within the Province's judicial districts.

All birth, death, stillbirth, and marriage data collected at the provincial level are forwarded regularly to Statistics Canada in Ottawa and are used to compile national vital statistics.

Legislation

The Division of Vital Statistics is responsible for the administration of the following legislation:

Table 47. Vital Statistics, Saskatchewan, 1979 to 1983

Item	1979	1980	1981	1982	1983*
Population (1,000's)	953	961	968	981	993
Live births	16,944	17,057	17,209	17,722†	17,823
Rate‡	17.8	17.7	17.9	18.1†	17.9
Deaths	7,369	7,651	7,523	8,202†	7,620
Rate‡	7.7	8.0	7.8	8.4†	7.7
Natural increase	9,575	9,406	9,686	9,520†	10,203
Rate‡	10.0	9.8	10.0	9.7†	10.3
Infant deaths	194	193	203	186†	177
Rate**	11.4	11.3	11.8	10.5†	9.9
Stillbirths (28+ weeks gestation)	108	91	104	103	94
Rate***	6.4	5.3	6.0	5.7†	5.3
Perinatal deaths (28+ weeks gestation)	212	186	196	195†	185
Rate***	12.4	10.8	11.3	10.9†	10.3
Marriages	7,261	7,561	7,325	7,491†	7,504
Rate‡	7.6	7.9	7.6	7.6†	7.6
Divorces and annulments††	1,528	1,836	1,905	1,819†	2,008

* *Preliminary figures.*
† *Revised figures.*
‡ *Rate per 1,000 population.*
** *Rate per 1,000 live births.*
†† *See section on Divorces and Annulments page 113.*
*** *Rate per 1,000 total births.*

The Vital Statistics Act

The Vital Statistics Act provides for the registration of all vital events which occur in Saskatchewan. Subsequent to registration of these events, certificates confirming the registration may be obtained from the Division of Vital Statistics upon application in the prescribed form and payment of the prescribed certificate fee. In cases where events were not registered at the time of occurrence, there is provision for delayed registration if the necessary documentation is submitted.

The Marriage Act

The Marriage Act provides for legal recognition of marriages in Saskatchewan. This Act also makes provision for the appointment of marriage licence issuers and marriage commissioners in Saskatchewan, the recognition of religious bodies and the registration of clergy recommended by these religious bodies to perform marriages in Saskatchewan. In administering The Marriage Act, the Division of Vital Statistics provides assistance and supplies to marriage licence issuers, marriage commissioners, and clergy throughout the Province to ensure that marriages meet the requirements of the Act.

The Change of Name Act

The Change of Name Act provides citizens of Saskatchewan who are at least 18 years of age with the opportunity to apply for a legal change of name. Applications for a change of name are reviewed in the Division of Vital Statistics and, if accepted, the change of name is registered and subsequently published in The Saskatchewan Gazette. Following registration and publication of the change of name and payment of the prescribed fee, the applicant is provided with an official change of name certificate.

Highlights and Trends

Population Trends

The population in Saskatchewan is again on the increase following a period of decline in the years 1973 and 1974. From the low of 899,700 in 1974, Table 48, on page 112, shows a significant increase in population in the years 1979 to 1983 (952,500; 961,100; 968,313; 981,400; 993,000 respectively).

Table 48 indicates several significant trends with respect to age distribution of Saskatchewan's

Table 48. Population and Per Cent Distribution by Age Group and Sex, Saskatchewan, 1961, 1971 and 1981*

Age group	1961			1971			1981		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Distribution†									
Total	925,200	479,600	445,600	926,200	470,700	455,500	968,300	486,100	482,200
0-19	387,600	198,600	189,000	376,200	192,100	184,100	333,600	170,500	163,000
20-44	286,500	146,300	140,200	268,300	136,600	131,600	334,600	169,800	164,800
45-64	165,600	87,400	78,200	187,000	94,500	92,500	184,000	91,600	92,300
65+	85,500	47,300	38,200	94,800	47,600	47,200	116,200	54,100	62,100
Per cent distribution†									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0-19	41.9	41.4	42.4	40.6	40.8	40.4	34.5	35.1	33.8
20-44	31.0	30.5	31.5	29.0	29.0	28.9	34.6	34.9	34.2
45-64	17.9	18.2	17.5	20.2	20.1	20.3	19.0	18.8	19.1
65+	9.2	9.9	8.6	10.2	10.1	10.4	12.0	11.1	12.9

* *Source — Statistics Canada.*

† *As each population figure has been independently rounded to the nearest hundred, totals do not necessarily equal the sum of the figures for age groups.*

population. The percentage of the total population under 20 years of age decreased from 40.6 per cent in 1971 to 34.5 per cent in 1981. The percentage of the total population aged 65 years and over has increased from 9.2 per cent in 1961, to 10.2 per cent in 1971, to 12.0 per cent in 1981.

Death Rate and Causes of Death

Saskatchewan's death rate has exhibited minor fluctuations during the period 1977 to 1982. The 1983 death rate of 7.7 per 1,000 population shows a slight decrease from the 1982 rate of 8.4 per 1,000 population (Table 49, page 113).

Table 49 shows heart disease and malignant neoplasms (cancer) to be the leading causes of death in 1982 and 1983. The rates per 100,000 population for heart disease and malignant neoplasms in 1983 decreased to 253.5 and 171.8 respectively.

Birth Rate

The birth rate in Saskatchewan of 17.9 was a slight decrease from the 1982 rate of 18.1 (Table 47, page 111).

Marriage Rate

The marriage rate in 1983 of 7.6 per 1,000 population was the same as that experienced in 1981. The marriage rate has remained constant for the past few years with the exception of 1980 which showed a slight increase (Table 47, page 111).

Divorces and Annulments

In 1983 a total of 2,008 divorces and annulments were registered under The Vital Statistics Act in Saskatchewan. This does not represent the total number of divorce petitions filed in 1983 since some petitions are not yet finalized.

Table 49. Ten Leading Causes of Death with Percentages and Rates per 100,000 Population, Saskatchewan, 1982* and 1983*

Cause of death†	Number		Per cent		Rate per 100,000 population‡	
	1982	1983*	1982	1983*	1982	1983*
All causes of death:	8,202††	7,620	100.0††	100.0	835.7††	767.4
Ten leading causes:	6,996††	6,330	85.3††	83.1	712.9††	637.4
Heart diseases (393-429)	2,726††	2,518	33.2††	33.0	277.8††	253.5
Malignant neoplasms (140-208)	1,792††	1,706	21.8††	22.4	182.6††	171.8
Cerebrovascular diseases (430-438)	732††	665	8.9††	8.7	74.6††	67.0
Accidents (E800-E949)	532††	484	6.5††	6.4	54.2††	48.8
Pneumonia (480-486)	390††	348	4.8††	4.6	39.7††	35.0
Diseases of arteries, arterioles and capillaries (440-448)	245††	231	3.0††	3.0	25.0††	23.3
Suicide and self-inflicted injury (E950-E959)	171††	144	2.1††	1.9	17.4††	14.4
Bronchitis, emphysema and asthma (490-493)	210††	100	2.6††	1.3	21.4††	10.1
Certain causes of perinatal mortality (760-779)	82††	60	1.0††	0.8	8.4††	6.0
Congenital anomalies (740-759)	116††	74	1.4††	1.0	11.8††	7.5
Other causes:	1,206††	1,290	14.7††	17.0	122.9††	130.0

* *Data is based on events occurring in Saskatchewan and are preliminary figures.*

† *Code numbers shown in brackets are according to the International Classification of Diseases, Injuries and Causes of Death; 9th (1975) Revision.*

‡ *Population used: Statistics Canada. 1982 — 981,400; 1983 — 993,000.*

** *Preliminary figures.*

†† *Revised figures.*

Appendix: Summary of Legislation

On March 17, 1983, the 1983 session of the Legislative Assembly commenced. On May 11, 1983, the following two health Bills received royal assent: Bill 23, being The Human Tissue Gift Amendment Act, 1983, and Bill 26, being The Change of Name Amendment Act, 1983.

The amendments to The Human Tissue Gift Act create an exception to the confidentiality provision contained in the Act so that two procedures can be lawfully carried out. Firstly, lists of donors will be sent from time to time to physicians who would be attending patients immediately prior to or at the time of death. Secondly, hospital officials will be requested to cooperate with the Lions Club International eye bank program by attempting to determine at the date of admission whether a patient has bequeathed his corneas for the purpose of the eye bank after death and by furnishing that information to the eye bank.

The amendment to The Change of Name Act authorizes the parents of an unmarried infant child to apply for a change in the surname of that child to a hyphenation of the surnames of both parents.

On June 17, 1983, the Legislative Assembly adjourned. On November 17, 1983, the Legislative Assembly reconvened and prorogued.

On November 17, 1983, the 1983-84 session of the Legislative Assembly commenced. On December 12, 1983, the Assembly adjourned. No Saskatchewan Health legislation was dealt with during that time.

As of April 1, 1983, responsibility for the administration of The Housing and Special-care Homes Act was transferred to Saskatchewan Health. A number of changes to this Act were made as part of The Government Reorganization Consequential Amendment Act. These changes were intended to make it clear that under this Act Saskatchewan Health is concerned only with those homes which provide care to persons requiring prolonged care. Homes licensed under The Residential Care Act or coming within the definition of approved homes under The Mental Health Act are excluded from the definition of a special-care home.

Another legislative change occurring in 1983-84 which affected Saskatchewan Health was enactment of The Co-operatives Act, proclaimed October 1983. This Act permits existing community clinics operating under The Mutual Medical and Hospital Benefit Associations Act to continue to operate as cooperatives. However, all new community clinics will be incorporated under The Co-operatives Act. Clinics are provided with the same rights and protections they enjoy under The Mutual Medical and Hospital Benefit Associations Act.

Acts Administered by Saskatchewan Health

The following is a list of Acts which the Department is directly responsible for administering:

The Abandoned Refrigerator Act
The Anatomy Act
The Change of Name Act
The Dental Care Act
The Department of Health Act
The Health Services Act
The Hearing Aid Act
The Hospital Revenue Act
The Hospital Standards Act
The Housing and Special-care Homes Act
The Marriage Act
The Medical and Hospitalization Tax Repeal Act
The Mental Health Act
The Mutual Medical and Hospital Benefit Associations Act
The Prescription Drugs Act
The Public Health Act
The Saskatchewan Health Insurance Act
The Saskatchewan Hospitalization Act
The Union Hospital Act
The Venereal Disease Prevention Act
The Vital Statistics Act

Acts in Which Saskatchewan Health has a Direct Interest

The Alcoholism Commission of Saskatchewan Act
The Cancer Foundation Act
The Chiropody Profession Act
The Chiropractic Act
The Community Health Unit Act
The Dental Profession Act, 1978
The Dental Technicians Act
The Dental Therapists Act
The Denturists Act
The Emergency Medical Aid Act
The Health Research Act
The Human Tissue Gift Act
The Lloydminster Hospital Act, 1948
The Medical Care Insurance Supplementary Provisions Act
The Medical Profession Act, 1981
The Medical Scholarships and Bursaries Act
The Naturopathy Act
The Ophthalmic Dispensers Act
The Optometry Act
The Osteopathic Practice Act
The Pharmacy Act
The Physical Therapists Act
The Professional Dietitians Act
The Psychiatric Nurses Act
The Registered Nurses Act, 1978
The Registered Occupational Therapists Act
The Registered Psychologists Act
The Saskatchewan Embalmers Act
The Saskatchewan Medical Care Insurance Act
The South Saskatchewan Hospital Centre Act
The Tuberculosis Sanatoria and Hospitals Act
The University Hospital Act
The White Cane Act
The X-Ray Technicians Act